

Between experiments and experiences: challenges for teaching competencies for health promotion in Nursing Education

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The aim of this study was to analyse the teaching of competencies for health promotion in Nursing Education and to identify experimentations and experiences in this process. It was a qualitative whose data were collected in focus groups with teachers and students from 11 undergraduate nursing courses in Brazil. The results showed that health promotion competencies are temporally taught in the contact and interaction with reality through experimentations and experiences. Experimentation is an event determined by a specific place and time in the course, while experiences are related to a meaningful discovery and an opening to the unknown. The challenge to the teaching of competencies for health promotion is that it should overcome the logic of experimentation, which is structured on technical rationality, and favour a perspective that allows and values experiences in Nursing education.

Key word: Nursing Education; Health Promotion; Professional Competency.

Introduction

In Brazil, political and institutional advances in health promotion are being implemented through different initiatives in the field of public health. The publication of the National Health Promotion Policy, in 2006, and its review, in 2014, reflects efforts to expand health promotion actions in the territory and to promote processes of education, training and professional qualification in health promotion¹.

The search for professional qualification and education in the health promotion area is a demand that has been increasing, but is still incipient in the country². Some higher education institutions in Brazil have organized specialization and postgraduate courses in the area. In the undergraduate level, one of the difficulties that hinder the introduction of the theme is the conceptual imprecision that pervades the health promotion field. This affects education and the care provided by health professionals in the daily routine of the services².

Due to this, it is necessary to advance in the discussion about health promotion competencies adapted to the Brazilian context, in order to expand possibilities to develop effective actions³. The Project Developing Competencies and Professional Standards for Health Promotion Capacity Building in Europe (CompHP) has become a reference based on the Health Promotion Competencies outlined in the Galway Consensus. These documents provide a common definition and competency domains that are essential to those who are involved in health promotion practices⁴.

The debate on professional competencies in the perspective of health promotion and collective health is still incipient. The teaching of these competencies must be grounded on critical and reflective thought, so that actions containing elements that stimulate the student (co-responsible for his learning) and the teacher (the facilitator of this process) are implemented in pedagogical practice⁵, creating educational experiences about health promotion in university courses.

Therefore, it is necessary to improve the teaching of health promotion competencies based on different educational strategies, strengthening the concept and practice of health promotion.

The Ministry of Education, in 2001, recommended Curriculum Guidelines to undergraduate courses in the area of health. The Guidelines point to the construction of general and specific skills and competencies of professionals; however, they do not specify which competencies are targeted at health promotion^{2,6}. This somehow hinders the dissemination of this theme to the actors involved, and reveals the need to define specific competencies to the field due to the power this definition has in the configuration of professional roles⁴.

Traditionally, the education of health professionals has followed a biologicist, hospital-centered model with fragmented practices and lack of articulation between theory and practice, influenced by the structuralist conception, which hampers the approach to health promotion competencies. Overcoming this perspective is a challenge nowadays. One of the possibilities is to think of new forms of teaching that incorporate the amplified conception of health and education, in new learning spaces, with comprehensive practices, guided by an innovative and transdisciplinary thought. In this direction, in the dialectical relation between theory and practice, it is possible to think about experience in education⁷ and, consequently, the development of competencies.

According to Bondía⁸, experience is a moment of exposure; it is what happens to us or what touches us. However, not everything that is lived in the practical field can be considered an experience, which indicates that some of these events are “only” experimented with by the subject. Experimentation is characterized by repetition, predictability and generality, unlike experience, which is marked by singularity, unrepeatability and unpredictability.

Undergraduate teaching in the area of health has provided few experiences because it is still centered on a “pedagogy of transmission, disconnection between thematic nuclei, and lack of links among teaching, research and extension; the encyclopedic format predominates, as well as the orientation towards disease and rehabilitation”⁹ (p. 137). This teaching model does not encourage students to creativity, reflectiveness and transformation, contradicting the principles of experience presented by Larrosa-Bondía^{10(g)} the “principle of subjectivity”, the “principle of reflectiveness”, and the “principle of transformation”. To Larrosa-Bondía, the subject of the experience is unique, singular, particular, inherent, and is exposed to the process of his own transformation¹⁰.

Due to this, some authors defend forms of constructing a new university that is open to different ways of producing knowledge, that is, a university that enables the decentralization of science. In opposition to this, the predictable, testable and centralized university, which concentrates its activities on experimentations, has become insufficient to experiences and, specifically in the field of health, to the moments in which health promotion occurs.

To face this reality, it is necessary to question the space and time that are available to creativity at university, and to build strategies to integrate different types of knowledge and flexibilize organizations in order to contribute to the education of professionals “who think”⁹.

Thus, we question if the undergraduate nursing courses in Brazil have provided moments for the formation of health promotion competencies. Are there evidences of experiences and experimentations in this education?

Based on what was exposed above, the objective of this article is to analyze the teaching of health promotion competencies in nursing courses, identifying experimentations and experiences in this process.

Methodology

This is a qualitative study grounded on the methodological framework of dialectics. It is a result of the national survey “Health promotion competencies in nursing courses: experiences, results and challenges in the Brazilian context”, carried out in three stages.

The first stage was characterized by a survey of health promotion competencies, the moment of their formation, the type of activity, and the methodologies used to approach them in undergraduate nursing courses in Brazil. Based on this survey, paths for an in-depth analysis were established,

^(g) Larrosa-Bondía refers to the author Jorge Larrosa Bondía, a Philosophy of Education teacher at the University of Barcelona. He has published many works, sometimes as Larrosa and sometimes as Bondía. In this article, to adapt the citation form, we decided to maintain the reference according to the Spanish tradition, citing the paternal and maternal surnames.

considering the criteria: schools from all the country's administrative regions, representing the state with the highest percentage of answers in its region, with a distinct political-administrative organization and which stated the development of the highest number of competencies according to CompHP. In the Southeast region, we decided to include two courses from each state, and in Minas Gerais, one course was established in each administrative region that met the criteria mentioned above.

Overall, 27 nursing schools were selected to the second stage, of which 11 formed the study's setting. In 16 schools, it was not possible to perform data collection because of refusals, inexistence of the minimum number of teachers or students to form the focus group, and impossibility of contact, even after many attempts.

Data from the second stage were obtained from the conduction of focus groups with teachers and students in the institutions, in the period from November 2015 to May 2017. The focus group was guided by the following question: "Which health promotion competencies are formed in the nursing course of this institution?".

Six public schools and five private ones participated in the study: one representative of the Northeast region, one representative of the Central-West region, one of the South and eight of the Southeast region of Brazil. Twenty focus groups were conducted, totaling 17 hours, 27 minutes and 17 seconds of audio recording, which was transcribed. In two institutions, the focus group was not conducted with teachers. Overall, 46 teachers participated in the groups. They taught disciplines in different periods and had been teaching for different lengths of time. As for students, 82 participated in the groups, of both sexes, representing all the periods, with different extra-curricular experiences (scientific initiation project, extension project, internships).

The data were analyzed in the perspective of the Critical Discourse Analysis proposed by Fairclough and systematized by Resende and Ramalho¹¹. First, the transcriptions were read and the reports were organized in the analytical categories: conception of health promotion; competencies; teaching; advances and challenges. Subsequently, discursive elements that revealed evidences of the development of health promotion competencies in the context of nursing courses were identified. In this article, we present the results of the category that highlights practice as the moment in which health promotion competencies are taught.

In the presentation of the results, codes were attributed to preserve the identity of institutions and participants. The teachers' testimonies are registered as Focus group School 1 to School 11 – Teachers, and the students' testimonies are registered as Focus group School 1 to School 11 – Students.

Concerning ethical aspects, we complied with Resolution 466/12 of the Ministry of Health, which regulates research involving human beings. The study was approved by the Research Ethics Committee under review no. CAAE- 22830812.5.0000.5149. The subjects were informed about the study's objectives and purposes, accepted them and signed a consent document.

Results

The participants' discourses reveal the teaching of health promotion in a general way and, specifically, of health promotion competencies. The distinction between the general phenomenon (health promotion) and its specific approach (the teaching of competencies) was not explicit.

The participants report there is no conducting line in the universities' curricula/pedagogical projects for the development of health promotion competencies. However, they state that this is a concern that has been incorporated in teaching, evidenced by means of metaphors ("sensitivity to the health promotion cause") or discursive generalizations that extend the health promotion theme to all the teachers or to all the disciplines in all the periods.

I think that [...] there isn't a conducting line, like, everybody doing the same thing [...] determined by the institution itself, let's say, by the PPP [Political-pedagogical project] itself, but all the disciplines, generally speaking, all the teachers in their areas, they are concerned about dealing with the issue of promotion. (Focus group School 2 - Teachers)

I think they're a group of teachers, they're sensitive to the cause of health promotion. So, it's a course that, since its origin, has been a generalist course [...] and we perceive the teacher's sensitivity to tread the path that really goes towards the proposal of health promotion. (Focus group School 6 - Teachers)

I think that the institution's pedagogical project is really aligned towards this, right? So, we end up being able to deal with this in all the periods, in all the dimensions [...]. (Focus group School 3 - Teachers)

Contradictorily, health promotion is temporally situated in certain moments of the course: either at the beginning, when students are wakened to the theme, usually, with theoretical disciplines or visits/practical events, or in the compulsory curriculum internships, in which the theme becomes more evident, as students have the opportunity of "applying" what they have learnt to the field of practice.

Well, we begin, in fact, with health promotion since the first period. [...] So, since the first period, we already encourage them to really develop a broader view. [...] so, since the beginning [...]. (Focus group School 3 - Teachers)

I believe this promotion is stimulated since the beginning. (Focus group School 7 - Students)

I think that the issue of health promotion, like she said, is taught to us as students since we enter university. At least, I've been living this since I arrived here at the university. (Focus group School 8 - Students)

In the periods closer to the end, because we see this and it makes sense, because then, I mean, the student sees things from a different perspective, right [...] because I think this contact with practice, it really makes the student mature and [...] I feel that in the last, in the last year, because there's a particularity: they go to the internship. (Focus group School 4 - Teachers)

As disciplinary content, health promotion is included predominantly in Collective Health (and its variations). In addition, other reports allow to identify that the teaching of health promotion occurs in a localized way in some disciplines or in a non-specific way in all the disciplines:

Three disciplines are the foundations of health promotion here today: collective health one, collective health two and supervised internship one. (Focus group School 6 - Teachers)

Then we start having health actions and promotion as disciplines of the public health department and we start to learn, truly, how health promotion occurs inside the area of nursing. (Focus group School 7 - Students)

Yes, in collective health, but it is the first [semester] in nursing, this happens in the first semesters of the undergraduate course, so it's already a point-of-departure. First, it is the first contact with the field, right, of action, and second, it's already a contact that focuses on promotion itself, they supervise consultations, they supervise the activities related to promotion and prevention. (Focus group School 1 - Teachers)

You have some periods in which promotion is truly a discipline. I think it was in the sixth period that we really studied promotion. [...] And I can say that was a specific period, in which the theme was more deeply approached, it was in the sixth semester. [...] So, I think that we start having a notion since the first period, but I believe, really, that it is in the sixth that everything becomes really integrated. (Focus group School 8 - Students)

I think that in all the disciplines, the teachers are very concerned about the issue of promotion and prevention, right; in fact, today the focus is on this. (Focus group School 9 - Students)

The participants use the discursive strategy of assimilation to show that health promotion is taught in the contact and interaction with reality. Thus, the theory-practice relation is reported as the possibility of experiencing and experimenting with health promotion.

[...] notebook, classroom and, in fact, it's not this, right? We have to make the student face the reality he lives or we live, right, in health promotion. Because this, health promotion, will be important anywhere we go. So, the student, besides having the theory, he must have the interaction, he must know what his practice is for, why he is there. (Focus group School 9 - Teachers)

And I think this only happens through experience. It's no use giving the principles, the theory, right, taking the entire philosophy and not having any action. It's the moment of consolidation, right? If I don't have the practice there, it becomes something very far from his reality. (Focus group School 3 - Teachers)

In other reports, the participants reveal the need to reiterate the theoretical content so that it is not forgotten in the practice, where "many things happen". Thus, "many discussions that are held to clarify" indicate that the theoretical background is fundamental to subsidize health promotion practice.

So, we have a very strong basis in the first year of university, since the first, that is Collective Health and Health Promotion. Together with Health Promotion, we deal with Health Education Technologies [...] In these disciplines, we have many discussions that are held to clarify... many things that occur when we go to... to... practice, right? (Focus group School 10 - Students)

I think the relation theory and practice is very important to build the competencies of our nursing students [...] I think building an inseparable

bond between theory and practice helps a lot to develop the competencies. (Focus group School 1 - Teachers)

So, we really need a theoretical background to have a practical background. We need to have this to develop health promotion in this individual. (Focus group School 5 - Students)

Practice as the locus of health promotion teaching is reported in internships and extension activities, isolated or permanent in the educational institutions. These are the moments in which, according to the participants, health promotion competencies are taught in a predominant way.

I think we haven't participated much in other spaces. There are the health fairs, we work in them, we participate in that extension project of health in the highways, in which tents are set up at a filling station and we work there with truck drivers. People who travel and don't have time to go to the health service. (Focus group School 1 - Teachers)

Well, here at the university, we always have the, those action days, field days, and this awakens, in the boys, the taste for promotion. (Focus group School 9 - Teachers)

So, the PETs [Programs of Education through Work], in a certain way, they, too, have come as a governmental program to help us work in this context of competencies and how we can educate future professionals thinking of health promotion. (Focus group School 10 - Teachers)

I think the issue of health promotion in the education of the nurse also starts with the issue of the concept of health that we learn during our education and during the extension activities that we develop, too. (Focus group School 11 - Students)

The possibilities of experimentations with health promotion competencies are evidenced in the discourse by means of the verb "to show".

We take them to institutions, to homes, to the hospital, they have practical classes, we take them to the laboratory. What for? To show what we are [...] So, we have to show them why they are learning, show the importance of that content, of that discipline in their practice, in their life. (Focus group School 9 - Teachers)

I believe we have teachers who stimulate health promotion a lot, right? [...] we have teachers who show this to us clearly, who expose real and ideal situations, and I think this makes things clear to us, right? [...] And them, the majority of the teachers, also show the current situation of health promotion in Brazil. (Focus group School 4 - Students)

Reports like "what they brought of theory" and "we try to put him directly" reveal the experimentation enabled in the teaching of health promotion competencies. In this process, the teachers determine, to the students, the moment to "surface" what they should have absorbed before.

I think that, first, we are able to capture these competencies when the boys go to the field in the internship; so, always in the beginning, a teacher goes with them and there we can have an idea of what they brought of theory, right, how they will join it with practice. And, by joining the two, they will develop skills and competencies. (Focus group School 6 - Teachers)

Oh, I perceive that, at least in my experience in the internship, we try to put him directly in some problem situations so that all that he gradually absorbed in four years of theory can surface. (Focus group School 4 - Teachers)

The students recognize a cumulative process of integration of the knowledge that subsidizes the experiences in health promotion teaching throughout the course. In this sense, temporally, the discourse reveals that it is “in the end” that integration is accomplished, as “everything becomes integrated, little by little” throughout the course to produce health promotion.

You see some, at least two... a little in the beginning of the course, then you gradually develop some competencies and skills, ‘oh, here you are an observer, there you begin...’, and how is this done? Well...by putting you in a situation, you can question, mainly if you did it you’ll be able to answer, this happened gradually. (Focus group School 4 - Students)

Because... I want to remember now, because, like, in the first period, we go to that street that has an open sewage, that neighborhood that has a school with children who need to be vaccinated, and then, suddenly, you go to the second period to provide childcare that goes beyond that child in that school, you go to the third period and vaccinate children who may study at that school, or who may live in that home that is in that neighborhood, too, so everything becomes integrated, little by little. (Focus group School 8 - Students)

The students’ discourses indicate that the experience is related to a meaningful discovery, evidenced by “it was then that, little by little, I integrated and I realized”, shown by the intertext “oh my, if I had gone there to visit, if I had known”. Furthermore, there is an openness to the unknown, evidenced by the intertext “gee, that was it, it was exactly this”.

[...] it was then that, little by little, I integrated and I realized that, like, one thing doesn’t lead to the other. In the first period, there were only visits, then in the second I was like ‘oh my, if I had gone there to visit, if I had known’, it’d be much easier by paying a visit, you see how it functions... you get to know the situation much more. You can provide, for example, a better follow-up for this person. (Focus group School 8 - Students)

You get to the eighth, the ninth period, and you say ‘gee, that was it, it was exactly this’, we don’t realize it’s this, that there are disciplines that teach, and, in the end, we end up joining everything. (Focus group School 7 - Students)

The discourses reveal that health promotion can also be lived in unusual environments. It was possible to identify, in the reports, emancipatory experimentations, in which students lived the social movement as the locus of development of health promotion competencies.

We hold a seminar of... interdisciplinary experiences in the SUS. It is, like, an experience, an experience internship that enables us to think about health promotion from various aspects, right, from the aspect of the experience of other peoples, of the social movement, of the political health promotion. (Focus group School 11 - Students)

[...] in the issue of health promotion, it would be together with social movements, some movements that work with... with the issue of studies in

collective health, there is also the issue of, the issue of health promotion ends up being included there. [...] They are spaces in which we can consolidate some of the things we see, for example, in the discipline that we, the applicability. There are the conferences, too, in which we end up bringing the issue of social control... all this. There are also some spaces related to... to independent collectives that I know of, I had the opportunity of having some experiences of applicability to health promotion. (Focus group School 10 - Students)

[...] I remembered a lesson about the environment, in the first period, with teacher XXX, and we were talking, discussing something, and she mentioned one occasion in which she took her students to a dumping ground [...] so, that situation was very meaningful to me and I think I started to understand and I started trying to discover why the person is in that situation. (Focus group School 7 - Students)

Discussion

The study's findings allow to analyze that, discursively, the reports are marked by modal affirmations according to which health promotion is taught since the beginning of the course. This conception is strengthened by the general regulations, which approach health promotion as a general competency in nursing courses. The National Curriculum Guidelines to the undergraduate nursing course strengthen this idea when they place health promotion actions inside the general and specific skills and competencies for the exercise of the profession. In this perspective, the Guidelines point to a change in professional education targeted at the health needs of the Brazilian population^{6,12}.

The results indicate that the teaching of health promotion competencies occurs in different moments and spaces of nursing courses. Contradictorily, there is evidence that experimentation with health promotion is an event determined by a specific place and time in the courses, especially in the disciplines Collective Health/Public Health and their variations. According to Carvalho and Ceccim⁹, these contents would have to traverse the nursing courses, pervading all the disciplines and establishing intersections with different social areas, such as education, history, social sciences, art, among others.

The participants' discourses temporally mark the teaching of health promotion competencies, characterizing, thus, periodicity. According to Benjamin, cited by Larrosa-Bondía⁸ (p. 22), "periodicity is the great modern device for the generalized destruction of experience". Periodicity directs practices towards repetition and uniformity, blocking moments of singular meanings to subjects. Due to this, the contemporary rhetoric of educating subjects who inform and are informed excludes the possibilities of experiences because it allows the reiteration of knowledge, but not its experientiation.

The first thing I would like to say about experience is that we must separate it from information. And the first thing I would like to say about the knowledge of experience is that we must separate it from knowing things, just like what we know when we have information, when we are informed¹⁰ (p. 20).

The findings allow us to analyze that practice is employed in the teaching of health promotion competencies to ground the theoretical content, as it is the moment that consolidates it and provides an experimentation. Thus, practice is understood as a composition of "regular events and as things to be manipulated, between tradition and forgetfulness"⁷ (p. 23). This experimentation is controlled by the teachers, who "use" practice to demonstrate the importance of theoretical knowledge. Thus, a repeatable

and predictable teaching is revealed, producing consensus and homogeneity among subjects, characteristics of experimentations⁸.

In part, this finding derives from the understanding that the teaching of health promotion competencies in nursing courses is temporally marked by the prioritization of theory over practice. Rarely does it provide meaning to the student's practice, offering more possibilities of experimentations than experiences.

In this understanding, the demonstration expressed in the discourses is an element that marks the experiment or the experimentation. According to Schön¹³, the notion of experiment indicates "seeing how" associated with "doing like". From their repertoire of examples, like theoretical lessons or teachers' demonstrations, students can do like, that is, put into practice or apply what they have learned. To this author, the experiment is a deliberate attitude taken with a purpose in mind, based on technical rationality¹³. The experiment, according to the logic of science, is generic, its logic produces agreement, consensus or homogeneity among subjects, is repeatable, predictable and foreseeable.

In light of this framework, we believe that the practical events provided for students to develop health promotion competencies are in the level of testing and technicism, in which practice is understood as a moment of "training". Thus, the teachers control the experimentation process, presupposing that the theory has been entirely learnt and practice is the moment to the student consolidate or test what was already taught. This understanding confirms the perspective discussed by Schon¹³, in which the teacher, based on his repertoire of themes and examples, leads students to experimentations of the type of "*seeing how and doing like*", guided by control, distance and objectivity, typical of scientific rationality¹³ (p. 70).

On the other hand, the results indicate that some experimentations provided experiences in the teaching of health promotion competencies, as they were able to transcend a generic and meaningless practical event towards a singular and heterogeneous movement. Thus, it is configured as something that "happens to us, touches us"⁸ (p. 21).

We highlight that the discourse of teachers and students is different regarding the meaning of practical events in the teaching of health promotion competencies. In this context, the teachers' discourse is structured on experimentations, characterized by a positive and rectifying perspective, in which students are seen as "technical subjects" over whom pedagogical technologies are applied⁸ (p. 20).

The discourse of students, in turn, is structured on experiences in the teaching of health promotion competencies. Among the experiences, social movements and other "unusual" places were mentioned as spaces in which the student expresses surprise, new knowledge and reflection on health promotion. Especially, these spaces allow the student to be surprised when he realizes that it is possible, that he is able to "apply" health promotion. "These are experiences because they do not anticipate a result, [...] the experience is not the path to a predicted objective, to a goal that is previously known; rather, it is an openness to the unknown, to what one cannot anticipate, nor 'fore-see', nor 'pre-dict' [...]"⁸ (p. 28).

Therefore, the study's findings reveal that experiences happen in the level of the unpredictable, in which students, by means of reflectiveness, interact with discoveries and with an openness to the unknown.

Final Remarks

We conclude that the teaching of health promotion competencies in nursing courses is marked by the hegemonic model centered on disciplines and on the dissociation between theory and practice, in which the former precedes the latter.

Social practice in the field of competency formation is marked by the traditional model of teaching and conception of health promotion. This practice is strengthened during the education process, in which, although there are opportunities to have experiences related to health promotion and to the development of its competencies, these experiences, generally speaking, are restricted.

We argue that the development of health promotion competencies must be grounded on critical and reflective thought, creating educational experiences in nursing courses. In this sense, we believe that the main challenge to the teaching of health promotion competencies is to replace the logic of experimentation structured on technical rationality by a perspective that allows and values experiences in nursing courses.

The study's conclusions do not allow for generalizations, given the nature of qualitative research. However, the amplitude and representation of the courses analyzed in the national scenario allow to extend the findings to other contexts that have similar characteristics and face the same issues presented in this text.

We indicate the need to expand, in undergraduate nursing courses in Brazil, teaching moments, strategies and activities that ensure specificity to the formation of health promotion competencies, overcoming periodicity and the localized teaching of disciplines, and offering more possibilities of experiences than of experimentations.

Collaborators

Kênia Lara Silva participated in the study's conception, data collection and analysis, and in the writing and review of the article; Bárbara Jacome Barcelos participated in data analysis, and in the writing and review of the article; Bruna Dias França participated in data analysis, and in the writing and review of the article; Fernanda Lopes de Araújo participated in data collection and analysis, and in the writing and review of the article; Izabela Thaís Magalhães Neta participated in data collection and analysis, and in the writing and review of the article; Michelle Melo Ledo participated in data collection and analysis, and in the writing and review of the article.

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Submitted in 25/08/2017. Approved in 27/11/2017.