

# Teaching, Pro-Saude and PET-Saude: narratives of an interprofessional practice

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Policies that induce change in health education, such as National Reorientation Program in Professional Health Education (Pró-Saúde) and Education through Work Program for the Health Area (PET-Saúde), constitute teacher learning spaces. In this sense, this article aims at characterizing paths, conceptions and expectations of teachers who work in Pró-Saúde and PET-Saúde of Universidade Federal de São Paulo. Data was obtained through narrative interviews with 13 teachers. Based on the analyses, Pró-Saúde and PET-Saúde are recognized as “spaces for teacher education,” though not considered “recognized and valued territories of teacher education.” This research allows to map clues to change the dimension of health teacher education proposals based on the learning paths that led the participants of this research to collaborative, interprofessional, critical and socially implied teaching oriented towards the subjects’ needs.

*Keywords:* Higher education. Public policies. Teaching. Narratives.

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## Introduction

Understanding health teaching as a contextualized social practice requires understanding it as produced in an intersubjective space where senses and meanings are attributed to experiences and knowledge, comprising an action among subjects who are inserted into common social circumstances.

Teacher education proposals have found in teacher learning through practice a fruitful means for educational designs that privilege dialog, personal paths, articulations between conceptions and teaching methodologies, and exchange of experiences. Considering teaching practice itself as a starting point to adopt changes in the daily routine of teaching and learning in a movement of action-reflection-action emerges as a thought-provoking path to be followed in educational practices and higher education<sup>1</sup>.

In this context, different challenges arise, notably teaching in the scenario of policies that induce changes in health education, teaching-service-community integration and mediation role. In the teaching and service integration approach, experiences such as National Reorientation Program in Professional Health Education (Pró-Saúde) and Education through Work Program for the Health Area (PET-Saúde) emerge as paths towards the education of health professionals through the articulation of theory and practice.

Pró-Saúde was instituted through Directive no. 2101 of 2005, Brazilian Ministry of Health/ Management Department for Work and Education in Health (SGTES) and Brazilian Ministry of Education/ Higher Education Department (SESu)/ National Institute for Educational Studies and Research "Anísio Teixeira" (INEP). Its objective was to foster transformation of education, knowledge generation and service provision process to the population for a comprehensive care in the health-disease process. Its central axis is the teaching-service integration with consequent insertion of students in the real scenario of practice that comprises Brazilian National Health System (SUS) network, emphasizing on primary care from the very beginning of the education<sup>2</sup>.

According to its determinants and coordination, PET-Saúde, instituted by Interministerial Directive no. 421 of 2010, aims at, among other objectives, fostering education of tutorial learning groups in areas that are strategic to SUS and encouraging the qualification of professionals and teachers. It serves as an introduction to work based on experience focused on undergraduate health students, and its guiding principle is the integration among teaching, service and community<sup>3,4</sup>.

There are several teacher learning spaces in these policies that induce changes in health education: other health teaching and learning modes require individual processes of teacher education. Analyzing and understanding the power of inserting teachers into Pró-Saúde and PET-Saúde in order to reconfigure university health teaching is essential to design innovative processes of teacher education adapted to the learning demands in real contexts of production of life, care and healthcare, and based on them.

Under the scope of this research object, this article's objective is to characterize paths, conceptions and expectations of teachers who work in Pró-Saúde and PET-Saúde of Universidade Federal de São Paulo, Baixada Santista and São Paulo campi. The critical and analytical characteristic of the teachers' paths and conceptions is believed to expand teacher education actions under the perspective of teacher development programs committed to a comprehensive care education, teaching-service-community articulation and learning in practice and through it.

## Methodology

In order to determine which teachers would participate in this research, several searches were conducted to familiarize with Pró-Saúde and PET-Saúde projects in effect in both campi. This enabled to identify the teachers who were involved in those projects.

It is important to explain that the institutional context into which these teachers are inserted has a tradition of more than eighty years in the education of health professionals. It is also a higher education institution with active participation in policies that induce changes in health education and

that exclusively participates in the process of expansion of federal universities. Therefore, teachers of Universidade Federal de São Paulo have different academic dynamics on campi.

The teaching practice determined for this research was comprised of coordination or joint coordination activities in Pró-Saúde or tutorship in PET-Saúde groups and participation in the local management committee. After having identified the participating teachers (with the support of the Courses' Coordination), a brief presentation of the researcher, the nuclear research objective, the ethics committee approval number and the invitation to participate in the research were sent by email.

Therefore, there was an initial group of 23 teachers: 11 from Baixada Santista campus and 12 from São Paulo campus. After the invitations were sent and the contacts were made, a total of 13 teachers participated in the research: nine from Baixada Santista campus and four from São Paulo campus. The other teachers who received the invitation did not show interest or did not have time to meet with the researcher.

Data was collected in eight months, from March to October 2014, based on meetings in different buildings of both campi. The teachers who participated in these meetings kindly contributed with their experiences and different ways of teaching in health.

Meetings between the researcher and each teacher were comprised of three moments: (1) presentation of the research's methodological proposal (narrative interview<sup>5</sup>) and request to confirm their acceptance by signing the consent document; (2) delivery of a survey to collect information on gender, age, education, academic projects and activities, and a sheet of paper describing the axes that were to be used to build the narratives; and (3) narrative interview with permission to record the audio, following the study's guiding questions presented as axes. All narrative interviews were completely transcribed and transcreated<sup>(c)6</sup>.

In this research, the choice for narrative interviews was made based on the interest in apprehending the teachers' representations about their paths and conceptions. This enabled participants and researchers to cross reference life stories, institutional contexts and reorientation policies that induce changes in health education. Narratives have been used as a methodological tool in teaching and research. Several researchers have been studying the theme in depth, bringing relevant discussions on their use and ways of construction<sup>6-9</sup>.

According to studies by Jovchelovich and Bauer<sup>5</sup>, narrative interviews are based on extrinsic and intrinsic issues (from research issues to those brought up by participants).

By revealing structural conditions, norms and opinions, speeches enable to map the reference system that informs, guides and conducts a way of conceiving and acting that is not exclusive to only one social agent but that reflects specific historical, economic and cultural situations shared among the members of a society<sup>10</sup>.

Data was analyzed through a thematic content analysis, according to Minayo and Franco<sup>10,11</sup>. This analysis suggests critically reading the material and categorizing speeches in units of context and register in order to apprehend senses and issues of the analyzed discourse.

This research was submitted to analysis of the Research Ethics Committee of Universidade Federal de São Paulo and was approved under no. 244464. All teachers who participated in the research signed a consent document.

(c) This research adopted transcreation reference as a tool that not only transcribes audio but also answers the complexities of life narratives, since they form part of the observations and records when searching for meaning.

## Results

### Getting to know the teachers who work in Pró-Saúde and PET-Saúde

The participating teachers work in the Occupational Therapy, Medicine, Psychology, Nursing, Nutrition, and Pharmacology and Biochemistry courses. Among the 13 teachers who participated in the study, ten were women from 39 to 63 years old. The interviewees were involved in teaching activities for an average of 19 years: the most recent teacher holds the position for four years and the most experienced one holds the position for thirty years. On the date of the interview, all teachers held Master's Degrees, and 12 of them also held Doctorate's Degrees.

Regarding their activities in the university, all of them are teachers, besides being involved in other academic roles, such as management, participation in workgroups, different boards and project assessment. Among all five possible academic activities just mentioned, teachers are usually involved in an average of four of them. Most of the teachers simultaneously hold coordination and teaching roles in more than one place/class.

They are part of different projects, commonly working in Pró-Saúde and PET-Saúde projects as tutors, coordinators and co-tutors. Involvement in research and scientific research activities and working with other projects were reported by all teachers. They also indicated a great level of political involvement throughout their paths, particularly related to student movements.

Contact with the teaching environment was built through different insertions in their practice in services and in the university. They claimed their education did not specifically prepare them for the teaching practice:

This was, to me, a great challenge, because you graduate as a technician but all of a sudden you are somehow inserted into the teaching path or choose to be a teacher, and this is not part of the undergraduate education. You learn a little about what education is in the Master's or Doctorate's Degree. What educating another person is. I think that in my first classes – this is something I still mention to my students – I virtually gave a specialization course: I would focus on the specifics of the specifics. Starting to be a teacher was also a great personal experience: discussing what education and undergraduate education are, what assessment is, what teaching is; but all this came with experience and in the discussions with groups of teachers and so on. (DOC.BS1)<sup>(d)</sup>

These are teachers who have a strong relationship with practice in services, even those who, after graduating, choose to be immediately inserted into postgraduate programs.

### Narratives: voices in dialog

In the thematic analysis<sup>10,11</sup> of the narratives, 83 units of context and 133 units of register were grasped, which enabled to create categories: 1) Motivations: "Why do I work in Pró-Saúde and PET-Saúde?"; 2) Health education: a partnership project; 3) Health teaching: searching for senses; 4) Teaching in Pró-Saúde and PET-Saúde: strengths, weaknesses and potentialities.

<sup>(d)</sup> For anonymity purposes, authors are identified by the "DOC" acronym, followed by the campus where they work ("BS" or "SP") and a number that indicates the narrative interview sequence.

### 1) Motivations: “Why do I work in Pró-Saúde and PET-Saúde?”

This category is built on different nuances. The first one includes the commitment to education by valuing live contact with students, the possibility to keep learning and teaching, and the importance of offering and participating in a broader education that can affect care practices:

I think that what motivates me to keep going is the will to change; is to believe that SUS has to work, even before SUS. It is to believe in the public service; to believe that there's got to be another way of organizing the service, another way of organizing care, of practicing care. And then that I maybe have a role to help change this somehow; and then working with undergraduate students is what mobilizes me: thinking that, who knows, I have a tiny role in transforming these students into different professionals than the ones we currently have [...]. Depending on the class and maybe even on each individual moment, we lose heart. But you suddenly notice some students you were able to change, the experience they had – that I enabled, just by being part of it, and guiding them to see another reality – changed them, so sometimes this is really encouraging! If I am able to mobilize 1 or 2 from 120 is enough, but it is not an easy task... It is quite exhausting; we get tired. (DOC.SP3)

This commitment is intertwined with a personal motivation to become a teacher, a zest for education and a search for a significant practice that seems to undergo strong influences of previous experiences, such as the ones from postgraduate education, internships and in-service practices. These experiences motivate and constitute “knowledge from practice,” which contribute to rethink teaching itself and the way health professionals should be taught.

Among the motivations, teachers' speeches highlight the connection with health departments, the improvement in services and the participation in a project that enables partnerships:

[...] when the University wrote the project, it replied to PROPET's notice, and I understood, or recognized, or saw a possibility of participating in a project that was not strictly academic, in the sense that it was not a project inside the university. It is academic, because it is connected to the University, but with a greater scope and in a kind of partnership with the network [...] I saw a project with funding for a lot of things: network qualification, payment of a scholarship to students... So, it is something with an investment, not a simple will of half a dozen people. I thought this partnership idea could be interesting. (DOC.SP2)

### 2) Health education: a partnership project

This category reveals a sense of education that means enabling students to reflect upon the way healthcare is currently provided. In order to do so, teachers believe it is important to have in-service experience as health professionals:

As teachers, I think we are responsible for facilitating the learning process. So, in order to teach health, I need to have an area of knowledge, and experience and knowledge in this area, so that I can facilitate, with students, their learning process related to it [...]. We learn by living, not only in health. This facilitator role is also rather articulated when facilitating in the space where things happen. This is to facilitate by doing, enabling students to integrate the spaces where activities are conducted, [...] because it is not possible to dissociate education from work. I think the teacher's role is this: being a facilitator by enabling students to be inserted into the work scenario. (DOC.SP3)

Partnership in health education goes beyond the educator-student dyad, health professionals, users and communities. In this sense, learning in spaces of practice, integrated into the health services network, requires a joint construction among those involved in the education process:

[...] I have been doing my best to build with students another possible way of insertion, of developing in-service work, which is the work they will perform in the future. So, this is the guiding principle of the entire education process: What kind of professional is essential in the services nowadays? I feel building this reform was too fast, and a lot of people is quite lost and with difficulty in producing sense in their work. And this is not for nothing. What kind of experiences were these people able to have in life? One of these experiences is education, at university, for example. (DOC.BS6)

### 3) Health teaching: searching for senses

Teachers told teaching is a pleasurable activity that involves mutual and constant learning. In the daily routine of projects as PET-Saúde, they said field experience is a challenge that contributes to making them also rethink their practices.

A sense that articulates professional education with education of citizens committed to ethical issues related to different scopes is apprehended: being a teacher involves great responsibility, since it can contribute to the consideration of more problem-solving practices. In this context, issues related to practice in health services, to relationships with departments and units, to the relationship with students who are not open to learning in practice and to the daily struggle to perform an uncommon teaching practice arise:

I think that being a teacher is a combination of an extremely pleasurable activity, the activity I have chosen, and that I would again, in order to be here, but that is at the same time extremely challenging, with a daily struggle of a certain behavior as a teacher, that is not just any teacher, a standard one, let's say. It is a hegemonic teacher that wants to do different things, and this has a burden: if, on the one hand, it is pleasurable and smooth, on the other, it is rather burdensome and hard, particularly related to the amount of work. Working as a teacher focused on service has a workload related to constant agreements, planning and assessments, not only ours but also from students, service staff, users, at a certain level, and we could extrapolate to other levels, because this only happens if there is a plan, an agreement in central levels, for example, of campus direction, health department, so this has a pleasurable, but also heavy, side... (DOC.BS5)

### 4) Teaching in Pró-Saúde and PET-Saúde: strengths, weaknesses and potentialities

Teaching developed in Pró-Saúde and PET-Saúde is constituted of, and based on, strengths, weaknesses and potentialities. Under the strength's scope, teachers highlighted primary care as a priority in actions, partnerships between universities and departments, and consequent openness for dialog and approximation among students and health services:

I think PET provides this contact among services, students, education, health problems, users' issues and debate, so it is a rather strong and powerful space of education and transformation. I think it is worth it. Now it is a space of a lot of work, very artisanal, of dealing with these relationships [...]. It is worth it, because I think that, in order to invest in a SUS-focused education, they need to be inserted into it, and this insertion is often different than the one imagined by students when they read SUS' law, premises, rights. This is often presented to students as if it were something forced, not something procedural, historically built and under construction, so we see the need to make this contact, observe the processes, know how to position yourself. I think it is important and necessary that students' health education has this contact with what happens in SUS and that students can understand the process health is going through as a public policy. People bring a very personal view on health and sometimes even rather individualized. If you work in health with a process, if you understand health as a public policy, this is already expanded. (DOC.BS9)

A structuring strength of teaching in Pró-Saúde and PET-Saúde is the possibility of preparing professionals who are more critical based on their experiences in field, the multiprofessional integration and the promotion of a permanent education for professionals who work in services. Teachers also highlighted the possibilities of curricular changes and the appreciation of extension projects based on Pró-Saúde and PET-Saúde programs:

[...] There are also other things, for example, we, in Nursing, have a strength: based on Pró-Saúde proposal, we tried to change the curriculum, and we did it. I do not know if it is logically better, but there was this internal movement. In my opinion, these are the strengths. Within these strengths, we were able to have a day off for elective curricular units. This was a gain. Now the fight is to have it in universities, because what happens is: Medicine does not have a day to work with Nursing that does not have a day to work with Pharmacology that does not have a day with I-don't-know-who that does not have a day with anything, and nothing works with anything. The structure we have in this campus cannot be thought in other campi, understand? Nowadays, our boys earn credits for taking an extension program, choosing elective curricular units, provided that we, as tutors and coordinators, confirm they do it, because a lot of people say they are taking an extension program but aren't, and we have to control this and not grant unduly credits. This was very good because elective curricular units are not concurrent with those who want to take an extension program, so this a strength. (DOC.SP1)

Among strengths and weaknesses, the funding issue under the scope of projects is not homogeneous. There are three main points of disagreement among the analyzed narratives. On the one hand, acknowledgement of the funding amount to instigate a reorientation process in education; on the other hand, indication of discomforts related to the funding: “[...] the fact that involves payment, and a differentiated one... and for teachers, and even more complicated, for preceptors, because different workers end up performing activities with students, so this is another complicating factor [...]” (DOC.SP3).

Teaching in Pró-Saúde and PET-Saúde faces different ways of conducting workgroups, practice scenarios for the development of field projects and lack of articulation among the health services network's components.

In addition to interinstitutional weaknesses, they report devaluation of the participation of teachers as tutors in Pró-Saúde and PET-Saúde (and extension projects in general). They also mention how, institutionally, an assessment that devalues teachers who work in this education logic is conducted, even with the existence of a federal policy that values the induction of an extended health education:

[...] the most important criticism I have of all this is that, on the one hand, there is incentive, a partnership between the Brazilian Ministry of Education and the Brazilian Ministry of Health, but when teachers are evaluated, only publication of articles counts. And only articles, not books or anything, nor what you do or anything. I am not saying this is not important, I think it is, but the only exchange currency here is this. And this is a shame, especially because there is a partnership between both ministries. This is wrong. (DOC.BS1)

In this path of fight for teacher appreciation, teachers also mention lack of acknowledgement from PET-Saúde as part of the curriculum, hindering the construction of common spaces that enable everyone's involvement in the experience and assessment of PET-related experiences.

Dialectically, possibilities are engendered: education field for students, teachers and preceptors; personal development strategy; assessment and expansion of services to new places; and changes in the way professionals relate to each other, with users, students and the network.

[...] PET project is a very rich possibility of an extension program, even richer than when you do something in your cocoon, alone, you know? You have institutional support, the possibility of

having an interprofessional experience, which is way richer than doing it by yourself. I think it is an extremely rich policy that induces changes in extension activities in undergraduate courses. (DOC.BS1)

Teachers narrated that the change process in education depends on all agents involved and that policies such as Pró-Saúde and PET-Saúde contribute for motivating education institutions, teachers and health departments to contribute to the education of critical professionals committed to SUS.

### **Health teaching in Pró-Saúde and PET-Saúde: education spaces, places and territories**

Based on the analysis of the narratives, it is possible to apprehend that, besides being health professionals according to their titles, teachers who work in Pró-Saúde and PET-Saúde of Baixada Santista and São Paulo campi of Universidade Federal de São Paulo are women and men committed to health and to ensuring access to the population's rights. They have a rich repertoire of experiences that refer to an ethical and political preparation for an extended health care practice.

For these professionals, teaching is imbricated to the field of practice, intensified by experiences throughout their contact with students in services, approximation to the postgraduate teaching field and related opportunities.

Based on the education paths shown, it is possible to infer they learned how to be teachers through the experiences they had in practice. Based on that and on their previous references, they accomplished a teaching model in which they believe and invest. In this context, a different perspective arises: becoming a teacher is also a process/result of multiple experiences in the "work territory"<sup>12</sup>. For this group of teachers, their experiences in health services, public policies, social movements and fights for health as a right seem to be the foundation in the constitution of a teacher.

In this educational process, it is possible to observe the concept of authorship<sup>13</sup>: teachers were, and are, responsible for their educational processes, taking into consideration that they built their own way of learning and transforming this learning process within the context to which they were presented. However, it is not a solipsist authorship, but rather forged in intersubjective relationships under concrete conditions of production of teachers' work.

Teachers describe universities as a powerful space<sup>12</sup> for transformation and feel motivated to teach in Pró-Saúde and PET-Saúde for the dialog and joint actions with the health services network and approximation with the field of practice, their personal projects, the exchange of experiences and partnerships.

According to Carvalho and Ceccim<sup>14</sup>, in order to change education places, it is necessary, among others: "[...] to invest in learning based on shared values and develop a critical, self-analysis and self-management ability, aimed at building other ways of learning, of learning how to learn, of learning at work and of learning in health" (p. 25).

According to Freire<sup>15</sup>:

[...] teaching does not mean transferring knowledge and content; and educating is not the action through which a creator subject gives form, style or soul to an indecisive and accommodated body. There is no teaching without learning: both explain their subjects and themselves. Despite the differences that connotate them, they are not limited to the condition of subject of one another. Those who teach, learn by teaching; and those who learn, teach by learning. Those who teach teach something to someone. That is why, from the grammatical point of view, "teach" is a relative transitive verb. It requires a direct object (something) and an indirect object (someone). (p. 12)

By narrating their paths, conceptions and experiences, teachers see themselves as learning mediators and identify Pró-Saúde and PET-Saúde as powerful policies for the development of a critical and reflective behavior, building senses for all different ways of becoming a health professional.

They reiterate that maintenance of such policies is a collective responsibility. However, universities, as advocates, should support and contribute to projects being valued and feasible, particularly inside the campi. They suggest exchange spaces, inside and outside universities, in different levels (regional, state and federal), such as symposiums, seminars and conferences, so that countrywide experiences can be known, discussed, shared and multiplied.

Different authors<sup>14-18</sup> state that political and institutional conditions also shape teaching modes along with the professions' historical paths and their expansion and consolidation movements. In this sense, the unique characteristic of the participants of this research, who experienced different political and social changes that occurred in the country in the 80s and 90s and who mostly graduated in the "pre-SUS model," will shape teachers involved in projects and programs committed to the defense of SUS.

According to Carvalho and Ceccim<sup>14</sup>, the number of specialized professionals does not guarantee, by itself, a satisfactory service to the population. They alert that one of the factors that corroborates to this situation would be the teaching process' weakness towards SUS in health education. Investment in teacher education in concrete ambiances of healthcare practices and incorporation into agendas of topics as fight for health as a right in Brazil, power relationships among professions and teaching professionalization could contribute to the ethical and political recognition of health teaching work.

Analyses made based on the narratives of teachers who work in Pró-Saúde/PET-Saúde of Universidade Federal de São Paulo's Baixada Santista and São Paulo campi enable to say that teacher education in line with premises centered around practice as the foundation of learning and being a professional needs to be thought taking into consideration issues related to the way students learn and the collaborative reflection about the motivations for being a teacher, conceptions about health education, learning in concrete practice contexts, production of care and involvement with public health and education policies.

Considering that innovative proposals of teacher development imply a dialectical triangulation among space, place and territory<sup>15</sup>, Pró-Saúde and PET-Saúde are recognized as learning spaces for university teaching: strengthening relationship with students, professionals and the community; the need to develop different methodological strategies; the possibility of articulating teaching, research and extension programs in health services. These places also evidence their power as teacher education spaces: meanings attributed by teachers to their work in Pró-Saúde and PET-Saúde, and campus experiences more coherent with the policies' proposal, showing pleasure and commitment, are mobilizers of reflection upon practice and the attempt to collectively transform it with students, peers, service professionals and communities.

However, the weaknesses mentioned, as well as complaints about research overvaluation, secundarization of teachers' work, restricted echoes in the daily routine of universities (curricula, assessment practices, relationship with the community), discontinuity of policies that induce changes in health education and education subfunding, show that Pró-Saúde and PET-Saúde have not been recognized and valued territories of teacher education.

Therefore, this research reaffirms and evidences clues<sup>18-20</sup> – *in loco* education, teacher work appreciation, interprofessional perspective practice, university-service-community partnership, recognition of knowledge from practice and its dialog with academic and pedagogical knowledge – for changing teacher education proposals in health. The learning itineraries narrated by the participants of this study were decisive to conduct collaborative, interprofessional and critical teaching practices socially implied and referenced in the subjects' needs.

The analytical movements of the narratives enabled to acknowledge the importance of a teaching practice committed to the education of citizens and professionals to work in SUS and the integration among universities, services and communities, investing in care as a live process in the comprehensive care perspective as an essential basis for the development of projects aimed at reorienting health education.

### Authors' contributions

All authors participated actively in all the stages of the preparation of the manuscript.

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