66 - EPIDEMIOLOGY ON NURSING UNDERGRADUATION: REPORT OF AN EXPERIENCE OF COMMITMENT TO SUS

MOÊMIA GOMES DE OLIVEIRA MIRANDA
MARIA CARMÉLIA SALES DO AMARAL
JOSÉLIA BANDEIRA DE MOURA MEDEIROS SARAIVA
WANDERLEY FERNANDES DA SILVA
State University of Rio Grande do Norte, Mossoró / RN, Brazil
moemiagomes@gmail.com

JUSTIFICATION

In Brazil, in the 70 and 80 decades of 20th century, in the context of the struggle for democratization of the country, there was the movement for health reform in Brazil as a place of expression of the fundamental demands of the sectors involved with the definition of a new health policy for Brazil.

The health reform movement proposes a model of health grounded in the concept of health as a process that is determined by the condition of life and work which is inserted in the population and based on the principles of universality, equity, comprehensiveness, decentralization and popular participation, materialized the Health System - SUS, implying structural changes for the sector, which are linked to broader struggles for transformation of Brazilian society.

The consolidation of the Unified Health System - SUS requires a new way to produce health. Means (re)directing the form of organization and content of actions and health services in order to meet the demands of the population lives and works in a given territory (MIRANDA; MOURA LIMA, 2003).

This way of producing health brought and brings up the discussion circa formation operated by the Brazilian university in order to reflect on the possibilities and limits to qualify health professionals, for SUS in production services, with clear commitment to the development of actions that contribute to the improvement of life / health process of the majority of the population.

In this context, the role of the Brazilian university is not limited to technically and scientifically qualified health professionals, but to be a privileged space for reflection about ethics and politics of health work. This is not a mechanical bond, but political commitment to articulate the policies of education, research and extension with the implementation of the new system anchored in the Brazilian health reform ideas.

It is therefore responsibility of the university to build a critical knowledge in order to stimulate and disseminate social demands that they return in the form of reorientation in the training of the workforce in health. The orientation of teaching having as guiding axe the principles and guidelines of SUS allows the incorporation of new tools for technical training, ethically and politically relevant (TIMOTHY cited MIRANDA; MOURA LIMA, 2003).

With this understanding, the Nursing College - FAEN, of State University of Rio Grande do Norte - UERN, has not remained outside the movement for change around the training process. Thus, over the last decades of the twentieth century has been implementing its Political-Pedagogical Project-driven defense of an ethical-political project of consolidating the principles of SUS supporting the right to health and life.

Thus, FAEN / UERN, (re)constructs the theoretical and methodological foundations that historically guide the formation process marked by a biological, medicalized and procedure-centered approach and the hegemonic pedagogical model of teaching, focusing on organized content in compartmentalized and isolated way, fragmented individuals in specialty clinics, focusing on clinical learning opportunities, encouraging early specialization.

In this (re)construction movement, and nursing epidemiology course, offered in the third period of the course, assumes a strategic role in shaping the mentioned institution once that conforms the basis for understanding the epidemiology as a social practice and, therefore, relationship with other health workers in the same movement and the social dynamics of capitalist society, so being a part which contains the determinations of all that social.

This way of conceiving the epidemiology and commitment to the SUS required the development of teaching strategies that provide the introduction of students, the reality of health services from the early meetings of the discipline mentioned. This reality constitutes a privileged locus for the identification of needs and development of strategies and policies for change in health practices and education through the integration of pedagogical action in social practice. Then you can work on content and links that provide critical reflection on own practice and teaching of social reality.

With this understanding, the discipline epidemiology and nursing owns as methodological orientation the Theory of Praxis Intervention in Public Health Nursing (TIPESC), systematized by Egry as a way to allow the teaching / learning process as close to reality as possible. It is therefore critical and reflective mode to capture and interpret a given phenomenon, considering its historical and social inclusion in times of social production and reproduction, the prospect of intervening in this reality. At the time of this intervention, continue reinterpreting reality to pursue a new intervention (EGRY, 1996).

The TIPESC that have enabled the discovery, epidemiology, from its implementation in 1996, as a discipline, incorporated into the daily life of the political sector, has contributed significantly to putting the SUS as a counterpart born teacher training institutions in the formulation and implementation of political projects of training of health professionals and not just a learning practice.

In this sense, this study aims at reporting the experience of the discipline epidemiology and nursing with the objective to socialize political and pedagogical strategies that make explicit the commitment of the training process in FAEN / UERN with the construction and consolidation of SUS outlined by the Health Reform Movement Brazilian.

METHODOLOGY

The epidemiology and nursing discipline is offered in the third period of undergraduate nursing of FAEN / UERN with a timetable to be paid up to 120 hours and takes the challenge of shaping the foundations for building design as a social practice of epidemiology.

This challenge is expressed in its purpose with respect to the construction of knowledge and practice, explicit on the syllabus relating to: Epidemiology as a product and instrument of institutional practices and social construction of knowledge in epidemiology and its impact on public health practice; The issue of scientific and object of study in epidemiology; studies of social determinants of health / disease process, profiles of the population and epidemiological monitoring of health conditions, health information systems (computerized and manual); Instruments and epidemiological methods. Development of logical reasoning

and understanding of qualitative and quantitative methods used in the process of epidemiological investigation, the specificity of the nursing work and the inseparability of clinical and epidemiological models of production of health services; Part of the reality of production of health services / nursing reflects on his troubled projects and participates in nursing intervention (UNIVERSITY OF RIO GRANDE DO NORTE 2001).

Faced with the challenge above, the discipline has been implementing the TIPESC since 1996, as a guiding principle for the teaching / learning critical and which has as its starting point the reality in which it is inserted into the health service.

The TIPESC is operationalized in five steps: collection of objective reality, interpretation of objective reality, building intervention project in objective reality, objective reality in the intervention; reinterpretation of objective reality (EGRY, 1996).

In order to implement these steps, are considered the dimensions of objective reality, ie, structural, individual and unique dimensions. Stages and dimensions are inseparable parts of the same whole, however, at times, a phase or dimension becomes evident in relation to others, configuring itself as to the time of deepening knowledge and interpretation of objective reality. These steps and dimensions can not lose the character of wholeness and interpenetration.

The capture of reality allows knowing the reality, namely that which exists outside and independent of human consciousness, considering the social context in which historically determined and is inserted, to intervene in it (QUEIROZ & EGRY, 1988).

We emphasize that, to intervene on a reality you need to know it. So, we gathered all possible information to draw closer to this reality. This knowledge did not occur in a single moment but by successive approximations. However, in view of the dynamics of reality and time constraints, workload and content of a discipline, the successive approximations made possible knowledge of reality in its entirety but an approximate knowledge.

Thus, the discipline defined, collectively, some strategies for capturing the reality, in three dimensions, such as: survey among a Basic Health Unit Family Mossoró / RN demands on the epidemiology, selection of demands that could be transformed into knowledge and practices to be built by the discipline, identification of acceptability and possibility of involvement and membership of workers in the Unit to conduct a joint work with the university. These strategies were significant for shaping the next step, namely the interpretation of reality.

The interpretation of objective reality relates to the moment of explanation of the contradictions existing in the dimensions of abstraction of reality. The more refined the interpretation of reality, the greater the possibilities of knowledge of vulnerabilities with a view to guide the transformation (EGRY, 1996).

At that time the discipline chose collectively some strategies for interpretation of reality as collective discussion (teachers, students, workers and manager of the Basic Health Unit Family) on the problems identified in the territory and the limits and possibilities of the service produced by the unit to solve those identified problems, reading and discussing texts, performance of syntheses dialogue. These strategies have enabled the design of the next steps, ie the construction of the project and intervention in objective reality.

Construction of the project and intervention in objective reality relates to the time of evaluation of contradictions as explained in view of their vulnerability to break and interfere with reality (QUEIROZ & EGRY, 1988). These moments are not sealed in order that funding needs may arise and interpretation of new issues that were not included in the first moment of capture. The emergence of new themes means deepening the knowledge of reality, made possible by highlighting the contradictions.

In these steps the discipline defined collectively some strategies such as inclusion of students in the health unit and on their territory in the early days of the semester, the formal transfer of the classroom to the university health service and its territory; participation of workers and manager classes, recognition of the territory, construction of some instruments necessary for the work of the health unit (intelligent map, situation room, health indicators, among others), realization of joint practices with the health workers of the unit and students from other academic periods of the university (home visit, active search, sanitary inspection, etc.), construction of knowledge and practice in a collective way (teachers, students, workers and manager of the health unit). These steps are for shaping the strategic moment of reinterpretation of reality.

The reinterpretation of reality constitutes the reinterpretation of reality, considering the changes or not during the intervention performed. At this point, we analyzed the consequences, the difficulties encountered in the process of resolving contradictions, as well as the reorientation of the horizon previously thought (EGRY, 1996).

This step has permeated all times earlier and occurred in specific areas for evaluation, during synthesis of dialogue; in the realization of collective practices, as well as by observing the interaction between the actors / actresses involved and membership / involvement of employees in discussions and group lessons. This time revealed that some actions should be undertaken by a graduate student from another school year, especially curricular supervised, considering the time limit and a discipline.

We emphasize that the steps above do not obey an order of priority, but have happened considering the needs generated by their own reality and, at times, occurred concomitantly, and there is therefore a chronological order. However, that would be feasible, the whole movement was worked collectively, ie, through the involvement of teachers, students, workers and managers of the Basic Health Unit Family Mossoró / RN.

RESULTS AND DISCUSSION

Overall, the experience was significant for the socialization of knowledge and practices among the actors / actresses involved with the discipline epidemiology and nursing as well as to the qualification of services produced in the facility, translating into a teaching / learning process consistent with the reality in which life pulsates. This process allowed in a first approximation, the transformation of problems identified in a given territory in content to be built in the course of a semester.

Thus meant the movement around the break up with the biological paradigm, hospital-medicalized and that shapes the organization of practices and education of health professionals in view of the consolidation of the SUS. It meant yet the possibility of a viable training consistent with the current health policy, for better integration of professionals in this space. In the case of training in health, adopting the constitutional guidelines of the SUS is crucial in formulating the policy for health care to the change in graduation, extends the university's social responsibility as it meets a requirement of the consolidated national struggles for health the National Health Conferences held in the context of the Brazilian health reform (CECCIM; ARNANI; ROCHA, 2002).

The formation of health workers shows the need of the existence of coordinated policies between education and health as an indispensable condition for the establishment of a political background in favor of a teaching / learning process consistent with the fact that the university should be built in conjunction with the production process of health services and users (FEUERWERKER, 2001).

There is a set of mediations between formation and work, precluding changes that can not be understood in a linear

fashion, but as dialectical process. In this regard, we note that concomitant with the power / knowledge of the university built in the area, another power / knowledge is being built in the area of work, which according to the established forces and / or political interests, at times approaching and in other apart, materializing in complete disarticulation loved these two institutional spaces (MIRANDA; MOURA LIMA, 2003).

The link between education and work is on the horizon for the formation process. Likewise SUS guidelines are in reference to the proposed professional profile to be formed, the political-pedagogical project, the organization and orientation of the curriculum and teaching practices, knowledge production and the relations established by the university with the health system.

Revisiting ideas, explore innovative practices are necessary but not sufficient to overcome hegemonic concepts and practices crystallized and solidly installed in the spaces of the university and the production of health services. It must go further. Thus, the formation requires the establishment of new relationships, commitment and responsibility between the university and the SUS, to enable the compatibility of professional profiles, knowledge production and production services, cooperation and advice (FEUERWERKER and CECCIM, 2004).

Thus, it is not enough to invest in the qualification. It is necessary to think in redefining the scope of work practices. Pinheiro and Luz (2003) draw our attention to the fact that the scope of work is that changes are needed. Experience has shown that the knowledge and practices from organized social needs, are the guiding principle of the formation processes in view of the possibility of linking content, knowledge and various disciplines.

Given that, formation space and work space represent fields of education policy to the extent that the work-force is encouraged to learn to read and understand the reality of the process that produced each of the problems to be faced. Thus, the reality must be the thread so we can understand it from a historical reading in its dynamics. Do not simply accept without question, so resigned, but the real understanding to transform it. The knowledge produced in universities, in conjunction with work and with users, it becomes an instrument of change (MIRANDA; MOURA LIMA, 2003).

FINAL CONSIDERATIONS

Therefore, we can infer that SUS has taken a more active role in the reorientation of the strategies and modes of teaching and learning of the discipline epidemiology and nursing which has as basis the rich debate between formation institutions and the network policy management and health care, as well as agency of social control.

This intention can not be considered as an act eminently technical. It is a political action since it involves changes in the relationships established, in the processes, practices in health and the actors involved and requires an intra and intersectoral coordination.

In this sense, relations between the university and the production process of health services have to be built on new bases, ie, more horizontal relationships, double-way that the demands of the services are actually considered by the universities, where decisions are taken collectively, there are concrete gains for all partners.

REFERENCES

CECCIM, R. B.; ARNANI, T. B; ROCHA, C. M. F. O que dizem a legislação e o controle social em saúde sobre a formação de recursos humanos e o papel dos gestores públicos, no Brasil. Ciência e Saúde Coletiva, 2002, 7:373-83.

CECCIM, R. B.; FEUERWERKER, L. C. M. Mudança na Graduação das Profissões de Saúde sob o Eixo da Integralidade. Caderno de Saúde Pública, Rio de Janeiro, v. 20, n. 5. p. 1400-1410, 2004.

EGRY, E. Y. Saúde Coletiva: construindo um novo método em enfermagem. São Paulo: Ícone, 1996. 144 p.

FEUERWERKER, L. C. M. Estratégias para a Mudança da Formação dos Profissionais de Saúde. Caderno de Currículo e Ensino. 2001; 2:11-23.

MIRANDA, M. G. O.; MOURA, A.; LIMA, C. B. de. A Conquista de uma Paixão: o desafio da construção de marcos teóricos e metodológicos (re)orientadores da produção da força de trabalho de enfermagem no espaço da universidade. Mossoró-RN: UERN, 2003. 197 p.

PINHEIRO, R.; LUZ, M. T. Práticas Eficazes versus Modelos Ideais: ação e pensamento na construção da integralidade. In: PINHEIRO, R.; MATTOS, R. A. de (Orgs.). Construção da Integralidade: cotidiano, saberes, práticas em saúde. Rio de Janeiro: IMS/UERJ, 2003. p. 7-34.

UNIVERSIDADE DO ESTADO DO RIO GRANDE DO NORTE. Faculdade de Enfermagem. Projeto Político Pedagógico do Curso de Graduação em Enfermagem. Mossoró,RN, 2001.

QUEIROZ, V. M; EGRY, E. Y. Bases Metodológicas para a Assistência de Enfermagem em Saúde Coletiva Fundamentadas no Materialismo Histórico e Dialético. Revista Brasileira de Enfermagem. Brasília, v. 41, n 1, p. 5-86, jan/mar. 1988.

MOÊMIA GOMES DE OLIVEIRA MIRANDA
Endereço: Praça Coronel Antonio Miranda, nº 36, Alto da Conceição
Mossoró/RN. Cep: 59600-352
Tel: (84) 33211167 e (84) 99729907
E-mail: moemiagomes@gmail.com

EPIDEMIOLOGY ON NURSING UNDERGRADUATION: REPORT OF AN EXPERIENCE OF COMMITMENT TO SUS

ABSTRACT

This is the report of the experience of the discipline Epidemiology and Nursing, offered in the third period of an undergraduate degree in nursing from the State University of Rio Grande do Norte, in view of socializing political and pedagogical strategies that make explicit the commitment to train at the Institution with the consolidation of SUS outlined by the Brazilian Sanitary Reform Movement. Takes the challenge of shaping the foundations for building conception of epidemiology as a social practice and its methodological orientation of the Theory of Praxis Intervention in Public Health Nursing (TIPESC). We found that, in general, the experience was significant for the socialization of knowledge and practices among the actors, as well as to the qualification of health services, translating into a teaching / learning process consistent with reality. This process allowed the transformation of reality into problems identified in the content to be built. Thus meant the movement around the break with the biological, medicalized and hospital-centered paradigm and that shapes the organization of practices and education of health professionals. Significantly, the possibility of a viable formation consistent with the current health policy, for better integration of professionals in this space. We apprehend that SUS has taken a more active role in the reorientation of strategies and ways of

teaching / learning of the discipline that is based on sustaining the rich debate between training institutions and the network of health services. This intention can not be considered as an act eminently technical. It is a political action since it involves changes in the relationships established, in the processes, practices in health and the actors involved and requires an intra and intersectoral coordination.

KEY WORDS: Epidemiology, Nursing Undergraduation; SUS

ÉPIDÉMIOLOGIE DANS LE DIPLÔME EN SCIENCES INFIRMIÈRES: RAPPORT D'UNE EXPÉRIENCE D'ENGAGEMENT AVEC LE SUS.

RÉSUMÉ

C'est le rapport de l'expérience de la discipline Épidémiologie et Soins Infirmiers, donnée à la troisième période du Diplôme en Sciences Infirmières de l'Université de l'Etat de Rio Grande do Norte, en vue de la socialisation des stratégies politiques et pédagogiques qui rendent explicite l'engagement de l'einsegnement de l'Institution avec la consolidation du Système Unique de Santé (SUS) énoncées par le Mouvement de Réforme Sanitaire Brésilienne. Il relève le défi de poser les fondements pour la constrution d'une conception de l'épidémiologie comme une pratique sociale et assume comme orientation méthodologique la Théorie de la Praxis d'Intervention des Soins Infirmiers dans la Santé Publique (TIPESC, dans l'acronyme en portugais). Nous avons constaté que, en général, l'expérience a été importante pour la socialisation de savoirs et de pratiques entre les acteurs, ainsi que pour la qualification des services de santé, en se traduisant dans un processus d'enseignement et d'apprentissage compatible avec la réalité concrète. Ce processus a permis la transformation des problèmes identifiés dans la réalité en contenus à construire. De cette façon, il a signifié le mouvement autour de la rupture avec le paradigme biologiciste et centrée dans la médicine et l'hôpital qui compose l'organisation des pratiques et de l'éducation des professionnels de la santé. Il a signifié aussi la possibilité de permettre une formation compatible avec la politique de santé actuelle, pour une meilleure intégration des professionnels dans cet espace. Nous appréhendons que le SUS a assumé un rôle plus actif dans la réorientation des stratégies et des moyens d'enseignement et d'apprentissage de la discipline qui se soutient sur la richesse du débat entre les institutions de formation et le réseau des services de santé. Cette intention ne peut pas être considéré comme un acte éminemment technique. Il s'agit d'une action politique, car il implique des changements dans les relations établies; dans le processus, les pratiques en matière de santé et les acteurs impliqués et nécessite une coordination intra et intersectorielle.

MOTS CLÉS: Épidémiologie, Diplôme en Sciences Infirmières; SUS

EPIDEMIOLOGÍA EN LA GRADUACIÓN EN ENFERMERÍA: UN INFORME DE UNA EXPERIENCIA DE COMPROMISO CON SUS.

RESUMEN

Este es el informe de la experiencia de la disciplina de Epidemiología y Enfermería, que es ofrecida en el tercero período de título universitario en enfermería de la Universidad de lo Estado de Rio Grande do Norte, en vista de la socialización de estrategias políticas y pedagógicas que hacen explícito el compromiso de formaren la Institución con la consolidación del SUS se indica por el Movimiento de la Reforma Sanitaria brasileña. Asume el reto de dar forma a las bases para el diseño de la construcción como una práctica social de la epidemiología y su orientación metodológica de la teoría de la Intervención Práctica en Enfermería de Salud Pública (TIPESC). Hemos encontrado que, en general, la experiencia fue importante para la socialización de los conocimientos y prácticas entre los actores, así como a la calificación de los servicios de salud, que se traduce en una enseñanza / aprendizaje coherente con la realidad. Este proceso ha permitido la transformación de la realidad en los problemas identificados en el contenido que se construirá. Por lo tanto significó el movimiento en torno a la ruptura con el paradigma biológico, hospital medicalizado y formas que la organización de las prácticas y la educación de profesionales de la salud. De manera significativa, la posibilidad de una formación viable de conformidad con la actual política de salud, para una mejor integración de los profesionales en este espacio. Aprehendemos que SUS ha tomado un papel más activo en la reorientación de las estrategias y formas de enseñanza / aprendizaje de la disciplina que se basa em el mantenimiento de la riqueza del debate entre las instituciones de formación y la red de servicios de salud. Esta intención no puede ser considerado como un acto eminentemente técnico. Se trata de una acción política, ya que implica cambios en las relaciones establecidas, en los procesos, las prácticas en materia de salud y los actores involucrados y requiere una coordinación intra e intersectorial.

PALABRAS CLAVE: Epidemiología, Graduación en Enfermería; SUS

EPIDEMIOLOGIA NA GRADUAÇÃO EM ENFERMAGEM: RELATO DE UMA EXPERIÊNCIA DE COMPROMISSO COM O SUS.

RESUMO

Trata-se do relato de experiência da disciplina Epidemiologia e Enfermagem, ofertada no terceiro período do curso de graduação em enfermagem, da Universidade do Estado do Rio Grande do Norte, na perspectiva de socializar estratégias político-pedagógicas que explicitam o compromisso da formação na Instituição com a consolidação do SUS delineado pelo Movimento de Reforma Sanitária Brasileira. Assume o desafio de conformar as bases para a construção da concepção da epidemiologia como prática social e tem como orientação metodológica a Teoria da Intervenção Práxica da Enfermagem em Saúde Coletiva (TIPESC). Identificamos que, de um modo geral, a experiência foi significativa para a socialização de saberes e práticas entre os atores, bem como para a qualificação dos serviços de saúde, se traduzindo em um processo ensinar/aprender coerente com a realidade concreta. Esse processo possibilitou a transformação de problemas identificados na realidade em conteúdos a serem construídos. Dessa forma significou o movimento em torno da ruptura com o paradigma biologicista, medicalizante e hospitalocêntrico que conforma a organização das práticas e da educação dos profissionais de saúde. Significou ainda, a possibilidade de viabilizar uma formação coerente com a política de saúde vigente, para uma melhor inserção dos profissionais nesse espaço. Apreendemos que o SUS tem assumido um papel mais ativo na reorientação das estratégias e modos de ensinar/aprender da disciplina que tem como base de sustentação o profícuo debate entre as instituições formadoras e a rede de serviços de saúde. Essa intenção não pode ser considerada como um ato eminentemente técnico. Trata-se de uma ação política uma vez que envolve mudanças nas relações estabelecidas; nos processos, nas práticas em saúde e nos atores envolvidos e exige uma articulação intra e intersetorial.

PALAVRAS CHAVES: Epidemiologia; Graduação em Enfermagem; SUS