EVALUATION OF TEACHING-SERVICE INTEGRATION IN PRIMARY CARE OF BRAZILIAN NATIONAL HEALTH SYSTEM

AVALIAÇÃO DA INTEGRAÇÃO ENSINO-SERVIÇO NA ATENÇÃO BÁSICA DO SISTEMA ÚNICO DE SAÚDE

EVALUACIÓN DE LA INTEGRACIÓN ENSEÑANZA-SERVICIO EN LA ATENCIÓN PRIMARIA DEL SISTEMA ÚNICO DE SALUD

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ABSTRACT: The objective of the research was to evaluate the effectiveness of teaching-service integration in different types of teaching-assistance units, identifying the models that most favor integration. This is an evaluative, qualitative research, carried out in eight basic health units in a city of Santa Catarina, intentionally selected and classified into four types according to orientation characteristics (supervision or preceptorship) and work process (shared agenda or own agenda). The evaluation matrix, composed of 4 dimensions and 10 indicators, was developed through a literature review, interviews with actors involved and consensus techniques for defining dimensions, indicators and validation. The most effective units were those with shared work processes and predominance of supervision. The study concludes that joint activities - with a shared agenda and supervision - allow greater integration and are the ones that most qualify teaching-service integration.

KEYWORDS: Assessment. Brazilian nacional health system. Teacher-care integration services.

RESUMO: *O objetivo da pesquisa foi avaliar a efetividade da integração ensino-serviço em diferentes tipos de unidades docentes-assistenciais, identificando os modelos que mais favorecem a integração. Trata-se de uma pesquisa avaliativa, qualitativa, realizada em oito unidades básicas de saúde em município de Santa Catarina, selecionadas intencionalmente e classificadas em quatro tipos de acordo com características de orientação (supervisão ou preceptoria) e processo de trabalho (agenda compartilhada ou agenda própria). A matriz avaliativa, composta por 4 dimensões e 10 indicadores, foi desenvolvida por meio de revisão de literatura, entrevistas com atores envolvidos e técnicas de consenso para definição das dimensões, indicadores e validação. As unidades mais efetivas foram aquelas com processos de trabalho compartilhado e predomínio de supervisão. O estudo conclui que atividades conjuntas – com agenda compartilhada e supervisão – permitem maior integração e são as que mais qualificam a integração ensino-serviço.*

PALAVRAS-CHAVE: *Avaliação. Saúde coletiva. Serviços de integração docente-assistencial.*

RESUMEN: *El objetivo de esta investigación fue evaluar la efectividad de la integración enseñanza-servicio en diferentes tipos de unidades docente-asistenciales, identificando los modelos que más favorecen la integración. Se trata de una investigación cualitativa, evaluativa, realizada en ocho unidades básicas de salud de un municipio de Santa Catarina, intencionalmente seleccionadas y clasificadas en cuatro tipos: según características de orientación (supervisión o preceptoría) y proceso de trabajo (proceso de atención compartido o propio). La matriz de evaluación, compuesta por 4 dimensiones y 10 indicadores, se elaboró mediante revisión bibliográfica, entrevistas a los actores involucrados y técnicas de consenso para la definición de dimensiones, indicadores y validación, siendo las unidades más efectivas aquellas con procesos de trabajo compartido y predominio de la supervisión. El estudio concluye que las actividades conjuntas -con agenda compartida y supervisión - permiten una mayor integración y son las que más califican la integración enseñanza-servicio.*

PALABRAS CLAVE: *Evaluación. Salud pública. Servicios de integración docente-asistencial.*

Introduction

The National Curriculum Guidelines (DCN in the Portuguese acronym) for the area of public health (SILVA, 2008) pointed out the need to train generalist, critical and humanistic professionals, with their learning centered on the health needs of the population, which can be considered one of the milestones for the teaching-service integration (IES in Portuguese), since it begins to seek an education in and for the Unified Health System - SUS (the Brazilian public national health system). In the same period, the National Policy of Continuing Education - PNEP was published, which institutionalized continuing education in the daily life of the SUS (BRAZIL, 2009). For Ceccim and Feuerwerker (2004), this policy may correspond to the formal education of professionals when it manages to bring together professional experiences and integrates work and teaching. The authors also mention that SUS has taken an active role in the reorientation of strategies and modes of care, influencing changes in the ways of teaching, with articulated actions between the health system and educational institutions.

Therefore, the IES stands as a two-way street, with the possibility of favoring the training of academics in the routine of the SUS, expanding the commitment to its principles (CECCIM; FEUERWERKER, 2004), as well as promoting reflection processes and permanent training, resulting in the quality of care provided (ALBIERO; FREITAS, 2017a). The latter authors consider that for this integration to occur effectively, conditions, incentives, resources and management strategies are necessary.

The literature points out reports of experiences of institutionalized IES in Brazil, among which are those that occurred in the municipalities of Porto Alegre, Florianópolis, Fortaleza and Sobral (REIBNITZ *et al*., 2012; PEREIRA, 2013; ELLERY; BOSI; LOIOLA, 2013). Most organize their actions respecting local programming characteristics and specific legislation of each profession involved; with this, multiple formats of carrying it out are found, which suggests the need for an evaluative study that points out which models favor integration more or less. In this sense, the results of this study propose to subsidize reflections and improve the process for all those involved in the IES.

Given this context, from the evaluation concepts elaborated by Contandriopoulos *et al.* (1997, p. 31): "Evaluation is a value judgment regarding an intervention or about any of its components, with the aim of helping in decision making", and the concept of Sander (1995, p. 47), that effectiveness is "the political and social criterion that supposes real commitment to the achievement of objectives aimed at satisfying the concrete demands, expectations and needs of the community involved", the present study aims to evaluate the effectiveness of IES in

different types of teaching-assistance units (UDA), identifying the models that most favor the integration.

Method

This is evaluative research of qualitative approach. This type of study aims to assess the degree of consistency between the components of the intervention, more precisely between the pertinence, the theoretical foundations and the effects of an intervention, as well as the relationship of this intervention with its context (CONTANDRIOPOULOS *et al*.,1997).

The study took place in a municipality of Santa Catarina (SC), with a history of partnership between university and health services network for over two decades, and was developed between the months of January and March 2016.

Primary Care (PC) was chosen as the setting for the development of this study due to the fact that it constitutes the central bet to produce the transformation and regulation of the health care system and because it is a privileged setting for the practice of permanent training (MADRUGA *et al*., 2015). Within this scenario, the Family Health Strategy (FHS) was selected for the empirical studies, since the FHS teams are the reference of the PC and are expected to be more favorable to the IES.

The health units were chosen intentionally, with the help of the IES coordination of the Blumenau municipal health secretariat. Of the 52 units, eight UDAs were selected for the study.

The UDAs were classified into 4 types, according to the model proposed Albiero and Freitas (2017a). This model takes into account two key points for the IES process: characteristic of the pedagogical guidance (supervision or preceptorship) and the work process of the unit (shared agenda with the routine of the service team or own agenda for student activities). Chart 01 summarizes the model, classifying the types that most favor IES.

Chart 01 – Type of orientation and force of favor for IES

Type	Agenda	Orientation	Classification
01	Shared Access	Supervision	Very Strong
02	Shared Access	Preceptorship	Strong
03	Own	Preceptorship	Weak
04	Own	Supervision	Very weak

Source: Prepared by the authors

It should be noted that for this typology, the term agenda designates the set of work processes that involve the IES actions and defines if these actions take place as part of the health unit routine or if there are specific activities for students. Therefore, the term agenda characterizes the relationship and organization of work processes between the service's health team and the university group (ALBIERO; FREITAS, 2017a).

The assumptions are: a) UDAs in which students act according to current work processes have more integration than those in which their activities have their own agenda; b) the conduct of the work process by supervisor or preceptor also makes a difference, although to a lesser degree; moreover, it assumes that type 1 and 2 UDAs have the greatest integration strength, followed by type 3 and type 4, even though the latter may only favor the students' practice scenario, practically not interfering in the IES process (ALBIERO; FREITAS, 2017a).

The evaluative matrix was developed through three strategies: literature review; interviews with actors involved with the IES (management, service, community and teaching); and consensus techniques with consultation with experts to define the evaluation dimensions and indicators, with subsequent consensus workshop with experts for validation.

The evaluation matrix is composed of 4 dimensions and 10 evaluation indicators for the process (Chart 02). This evaluation model was previously tested in a city with a history of IES (ALBIERO; FREITAS, 2017a).

Chart 02 – Dimensions and indicators of the evaluation matrix

Dimensions	**Indicators**	
Management	I1	Expansion of Access
	I2	Resolubility Primary Care
Service	I3	Motivation for Teamwork
	I4	Professional Improvement
	I5	Group attendance
Community	I6	User Satisfaction
	I7	Strengthening Social Control
Teaching	I8	Expansion Concept of Health
	I9	Expanding SUS Knowledge
	I10	Update and Redesign Resumes

Source: Prepared by the authors

Data collection was carried out from different and complementary sources: the Primary Care Information System (SIAB in the Portuguese acronym) was used to obtain indicators 1 (increased access), 2 (resolvability of the PC) and 5 (frequency of health education groups), for the year prior to the application of the evaluation. Questionnaires applied to five team members of each selected UDA provided the data for indicators 3 (motivation for teamwork) and 4 (professional improvement). Indicators 6 (user satisfaction) and 7 (strengthening of social control) were obtained through the application of questionnaires to three local council representatives and/or leaders of the communities where the UDAs were located. For indicators 8 and 9 (expansion of the concept of health and knowledge of the SUS), questionnaires were applied to three students and one teacher who performed practices in each of the selected units. For indicator 10, an interview was conducted with the person responsible for pedagogical support at the university's Health Sciences Center. The survey was developed between January and March 2016.

By judging each dimension, scores were assigned and its qualification: good (2 points), regular (1 point), and poor (0 point). Finally, the judgment of the degree of effectiveness and favorability to integration was performed, defined by the score of the dimensions presented in Chart 03 (ALBIERO; FREITAS, 2017a).

Chart 03 – Evaluation of the effectiveness of the integration of teaching and care in the basic health network of the SUS

Value judgment of favoring integration		
Effective 6 to 8 points AND No possibility of "bad" in dimensions 2 (service), 3 (community) and 4 (teaching)	**Partially effective** 4 to 5 points AND Not likely to be bad in dimensions 2 (service), 3 (community) and 4 (teaching)	**Not effective** 0 to 3 points

Source: Prepared by the authors

Due to the fact that service, community and teaching are the end-functions of teaching-service integration, while management is the means-activity, no teaching/service integration could be totally or partially favored if the teaching-service integration was bad in any of these dimensions. After data collection and tabulation, the units were submitted to a judgment matrix that points out the types of teaching-service units that more or less favor the effectiveness of teaching-service integration.

This research was approved by the Ethics Committee for Human Research of the Federal University of Santa Catarina, under opinion 9888.520, March 12, 2015.

Results

Chart 04 presents the scores and concepts obtained by the evaluated UDAs, according to the dimensions management, service, community and teaching, and Chart 05 presents the scores in descending order and the evaluation referring to each teaching assistant typology.

Chart 04 – Scores and Concepts obtained by the evaluated UDAs

UDA	TYPE	MANAGEMENT	SERVICE	COMMUNITY	TEACHING	POINTS
A	1	REGULAR	GOOD	REGULAR	REGULAR	5
B	2	GOOD	REGULAR	GOOD	GOOD	7
C	3	REGULAR	BAD	REGULAR	REGULAR	3
D	4	REGULAR	BAD	REGULAR	REGULAR	3
E	1	GOOD	GOOD	GOOD	GOOD	8
F	2	REGULAR	REGULAR	GOOD	REGULAR	5
G	3	BAD	BAD	BAD	REGULAR	1
H	4	BAD	REGULAR	BAD	REGULAR	2

Source: Prepared by the authors

Chart 05 – Type of ADU, decreasing score and degree of favoritism

UDA	TYPE	TOTAL PTS	FAVORITISM
E	1: supervision / shared agenda	8	Favors
B	2: preceptorship / shared agenda	7	Favors
A	1: supervision / shared agenda	5	Partially
F	2: preceptorship / shared agenda	5	Partially
C	3: supervision / own schedule	3	Does not favor
D	4: preceptorship / own agenda	3	Does not favor
H	4: preceptorship / own agenda	2	Does not favor
G	3: supervision / own agenda	1	Does not favor

Source: Prepared by the authors

The point of greatest evidence perceived in the findings is related to the *shared agenda* element. The UDAs that developed joint activities by sharing actions, and both the service and the university adjusted to achieve their objectives, were those that most favored the IES. In the 4 UDAs with the worst evaluation, and which did not favor the IES, the situation is reversed in relation to supervision and preceptorship, always working with their own agendas. Although in a discrete way, the 'preceptor' element predominates, changing only the variation in score, but not its final classification.

The "service" dimension has as indicators: motivation for team work; professional improvement and increased attendance to the unit's collective activities. In this sense, these three indicators suggest a linkage.

If the partner work with teachers and students inspires and increases the motivation of the workers in service, there is an expectation of permanent improvement, which, consequently, reflects in the qualification of all actions carried out in the unit. Another point worth noting is related to the "teaching" dimension. This was the only dimension that did not present a 'bad' concept. Two UDAs were rated "good" and 6 UDAs were rated "regular", which suggests that the teaching-service integration is effective for the university's objectives regardless of the model used.

The "teaching" dimension has three indicators: expansion of the concept of health and knowledge of the SUS and curricular adjustments. The presence of teachers and students in the daily life of the units and the integrated actions with the service and the community can consolidate the appropriation of the concept of health beyond the absence of complaints, and also provide routine visualization of both the philosophy of SUS and its challenges. As a result, these students end up returning to the university willing to qualify their education permanently.

Discussion

As observed in the data presented above, the element "shared agenda" presented itself as the factor that most favors the IES in the evaluated UDAs. This finding is supported in the literature, because, with shared agenda, university and service are pressured to make their primary objectives flexible in favor of a new joint objective, where neither the demand of the unit nor the pedagogical objective can overlap, favoring the discussion and adjustment of integrated activities, positively implying all those involved in the process (CECCIM; FEUERWERKER, 2004).

As discussed by Albiero and Freitas (2017b), planning integrated actions and activities between teaching and service presuppose that a mismatch between institutional objectives may occur, since the university has its focus on pedagogical objectives and the unit has its local demands; however, the researchers point out that participatory planning can equate this situation and obtain the impacts of this exchange of knowledge that the IES brings. Which is in line with Torres *et al*., (2019), for whom the teaching-service integration represents to students the contextualized training, essential for a professional preparation that involves social and human aspects, with values, feelings, worldview, experience and construction of different visions about the SUS.

It also represents the fight against the hegemony of technical knowledge over practice, contemplating a contextualized training with significant learning, in addition to impacting on the motivation of the professionals involved, promoting social legitimacy and resolution to repressed demands of the community (CECCIM; FEUERWERKER, 2004).

Regarding the component of connection between university and service in the forms of supervision or preceptorship, it is observed that there were no significant differences in favoring the teaching-service integration, however, when comparing the sum of points among the ADUs of shared agenda conducted by a supervisor (13 points) to those conducted by a preceptor (12), there is a small difference in the final score, with the predominance of the "supervisor" element discretely favoring the process. In this sense, researchers report that the pedagogical training of teachers and preceptors is still widely discussed, since often good technicians become teachers or preceptors, and this process is insufficient, which has led to an increasing qualification in these formations (TORRES *et al*., 2019).

Torres *et al*. (2019) understand that the role of preceptors is essential to promote the articulation between teaching and service; however, for this to occur effectively, in addition to mastering the practice, they need to learn to master pedagogical aspects related to the transmission of knowledge. However, research indicates that these professionals have pedagogical difficulties in planning and evaluating their activities, besides the difficulty in applying active methods that demand constant reflection and criticism. The factors pointed out are: resistance in interprofessional work, excessive demand, structural deficiencies, insufficient training in relation to issues of planning and creativity, cited in the literature as challenges to the performance of preceptors (LIMA; ROZENDE, 2015; FORTE *et al.,* 2015).

To remedy the gap in the training of preceptors, inductive policies of the Ministries of Health and Education have occurred through programs and projects that aim to know in depth the role of the preceptor in primary care. The results of such projects also point to the need for investment through continuing education focused on interdisciplinarity, since this element seems to highlight one of the biggest challenges for the function (BISPO; TAVARES; TOMAZ, 2014).

It is worth mentioning that the fact that no significant difference in scores was observed may be linked to the fact that, for both supervisors and preceptors, there are aspects that need to be worked on. Just as preceptors often lack pedagogical training, for supervisors there is the challenge of stripping themselves of their technical arsenal and also put themselves in the position of learners, in order to adapt their pedagogical objectives to the reality and peculiarity of each community (CAMARA; GROSSEMAN; PINHO, 2015). In this sense, Albiero and Freitas (2017b) complement that, regardless of the form of guidance (whether by supervision or preceptorship), the favoring of teaching-service integration and its effectiveness demand precisely from professionals trained in pedagogical aspects and that, at the same time, maintain their updating and quality in technical/clinical aspects, which has not always been observed in Brazil.

However, researchers report that the approximation between teaching and service makes permanent education possible for teachers and health service workers, constituting a two-way street for the frequent exchange of knowledge, where the production of knowledge stimulates the service providers and brings repercussions to the latter and to the community. The actors involved in the process feel motivated when they experience teamwork and realize in loco the repercussions and partnerships with the community (ALBIERO *et al.*, 2017, BREHMER; RAMOS, 2014; REIBNITZ *et al*., 2012).

In addition, living with teachers and students and the proximity of the university can generate in professionals the desire to seek improvement, which generates qualification and technical improvement of workers (PIZZINATO *et al*, 2012; LIMA; ROZENDO 2015), thus addressing a need cited by researchers, which is precisely the permanent training and continuous exercise in the daily life of the units, for the incorporation of the expanded concept of health and establishment of new practices and work processes, resulting in the comprehensiveness of care and the appropriate resolution to the local reality (FEUERWERKER; SENA, 2002, CÂMARA *et al*., 2012).

Many studies, such as those of Reibnitz (2012), Alves *et al*. (2012) and Forte *et al*. (2015), point to the IES as a potential collaborative strategy in the process of changes in health training, and indicate that service learning enhances curriculum development, which corroborates the findings cited in this research.

Final remarks

The evaluation of the IES with the model of Albiero and Freitas (2017b) showed that the element "agenda management" is a determining factor for the effectiveness of the teaching-service integration process and that there is a subtle connection of supervision over preceptorship in the units with the best score, where units with preceptorship presented the worst classification. Therefore, it was observed in this study that teaching-service integration is more effective in the 'teaching' dimension than in the 'service' dimension, and that the best results are in the types where the presence of the supervisor/teacher is present.

The study raises new reflections and questions, since in a significant number of publications the driving factor among those involved in the teaching-service integration is, or should be, the harmony in performing the tasks, where everyone would have positive repercussions in their actions. However, throughout the research, in direct contact with the actors of the process, this harmony did not prove to be complete, because the university invades the practice scenarios in the PCU and the service seems to provide 'help', giving up its spaces to collaborate with the training of new professionals. On the other hand, the university also understands that it 'helps' the service by expanding its scope of action and access. The managers of the institutions make agreements and covenants, but the feeling is that one does the other a "favor". However, it seems to us that there is an asymmetry in this relationship.

While in education there is the need for training in SUS practice settings and a legislation for such (DCN) (SILVA, 2008), for the service there is a recommendation in a public policy (PNEPS) (BRAZIL, 2009). The publication of DCN Health practically obliges/recommends the insertion of students in practice settings, especially in Primary Care. The PNEPS indicates that in-service education enhances the motivation and improvement of network professionals, but there is no mandatory commitment.

In the other vertices of the quadrilateral, the management performs its 'middle' function through its administrative role, signing agreements and counting on the possibility of an inter-institutional partner work. The 'community', in many cases, remains on the sidelines of the process, most of the time not understanding the presence of students in the units, or even with the expectation of "helping" future professionals.

In view of these facts, it is necessary to think of the teaching-service integration as a strong public policy also in the service. The management needs to identify and formalize the units and the professionals with a profile for integrated work and reflect on real possibilities of compensation. These units need a differentiated structure according to the number of daily actors in the environment, certification for the professionals on the team and preceptors, including points for their career, incentives for improvement courses, and constant investment in training. In turn, the management of health courses in universities also needs to play its role in identifying teachers with the profile to work integrated in the network.

This is the way to minimize the chance of a professor with little knowledge of and commitment to SUS and concerned exclusively with his professional core and with special clinical conditions in a scenario different from his clinic, laboratory, or hospital linked to the university being in this position. Besides the identification, it is fundamental to encourage and support integrated research and extension work in teams with the communities and health teams.

Finally, this work suggests the need to reflect, formalize, and define objectives, methodologies, roles, training, and joint evaluations of the IES, respecting the characteristics of the localities, with the goal of making them more effective, consolidated, and having repercussions on all those involved in an equitable manner.

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REFERENCES

ALBIERO, J. F. G.; FREITAS, S. F. T. Modelo para avaliação da Integração ensino - Serviço em Unidades Docentes - assistenciais, na Atenção básica. **Saúde e Debate**, Rio de Janeiro, v. 41, n. 114, p. 753-767, 2017a. Available at: https://www.scielo.br/j/sdeb/a/4DLNYjfmG8zRnTXgnCxm5Lw/?lang=pt. Access 03 Aug. 2017.

ALBIERO, J. F. G.; FREITAS, S. F. T. Cenários de prática na atenção básica: Tipologia para unidades docente-assistenciais. **Revista Brasileira de Promoção da Saúde**, Fortaleza, v. 30, n. 3, p. 1-8, 2017b. Available at: https://periodicos.unifor.br/RBPS/article/view/5836. Access: 07 Dec. 2018.

ALBIERO, J. F. G.; FREITAS, S. F. T; MORAES, M.V. M, GONZAGA, L.; UBER, M. Integração Ensino-Serviço e suas perspectivas avaliativas: a percepção dos envolvidos. **Revista Baiana Saúde Pública**. Bahia, v. 41, n. 2, p: 380-393, 2017. Available at: http://pesquisa.bvsalud.org/portal/resource/pt/biblio-882919?lang=fr. Access: 08 Dec. 2018.

ALVES, L. A. *et al*. Integração ensino-serviço: Experiência exitosa na atenção odontológica à comunidade. **Revista Brasileira de Ciências da Saúde**, São Caetano do Sul, v. 16, n. 2, p. 235-238, 2012. Available at: https://periodicos.ufpb.br/ojs/index.php/rbcs/article/view/10866. Access: 09 Jan. 2018.

BISPO, E. P. F.; TAVARES, C. H. F.; TOMAZ, J. M. T. Interdisciplinaridade no ensino em saúde: O olhar do preceptor na Saúde da Família. **Interface - Comunicação, Saúde, Educação**, Botucatu, v. 18, n. 49, p. 337-350, 2014. Available at: https://www.scielo.br/j/icse/a/Hzkv4gBKqjS8fbbvksvHBZL/?lang=pt. Access: 21 May 2019.

BRAZIL. **Política Nacional de Educação Permanente em Saúde**. Brasília, DF: Ministério da Saúde; Secretaria de Gestão do Trabalho e da Educação na Saúde. Departamento de Gestão da Educação em Saúde, 2009.

BREHMER, L.; RAMOS, F. R. S. Experiências de integração ensino-serviço no processo de formação profissional em saúde: Revisão integrativa. **Revista Eletrônica de Enfermagem**, Goiânia, v. 16, n. 1, p. 228-237, 2014. Available at: https://revistas.ufg.br/fen/article/view/20132. Access: 5 Jan. 2017.

CÂMARA, A. M. C. S.; GROSSEMAN, S.; PINHO, D. L. M. La Educación interprofesional en PET-Salud: lapercepción de los tutores. **Interface**, Botucatu. v. 19, p. 817-829, 2015. Available at: https://www.scielo.br/j/icse/a/b7pJcqdhKJdvKrBB3Y7mhWw/?lang=pt. Access: 15 Sept. 2017.

CÂMARA, A.M.C.S, MELO, V.L.C; GOMES, M.G.P; PENA, B.C; SILVA, A.P; OLIVEIRA K.M. Percepção do Processo Saúde-Doença: Significados e Valores da Educação em Saúde. **Revista Brasileira de Educação Médica,** Brasília, v. 36, n. 1, 2012. Available at: https://www.scielo.br/j/rbem/a/Kr5X5X4qZNWYCKmdfXDbqFN/?lang=pt. Access: 12 July 2018.

CECCIM, R. B.; FEUERWERKER, L. C. M. O Quadrilátero da formação para a área da saúde: Ensino, Gestão, Atenção e Controle Social. **PHYSIS: Revista Saúde Coletiva**, Rio de Janeiro, v. 14, n. 1, p. 41-65, 2004. Available at: https://www.scielo.br/j/physis/a/GtNSGFwY4hzh9G9cGgDjqMp/?format=pdf&lang=pt. Access: 09 Jan. 2018.

CONTANDRIOPOULOS, A.; CHAMPAGNE, F.; DENIS, J. L.; PINEAULT, R. A avaliação na área da saúde: Conceitos e métodos. *In:* HARTZ, Z. M. A. (org.). **Avaliação em Saúde**: Dos modelos conceituais à prática na análise da implantação de programas. Rio de Janeiro: Fiocruz, 1997.

ELLERY, A. E. L.; BOSI, M. L. M.; LOIOLA, F.A. Integração Ensino, Pesquisa e Serviços em Saúde: Antecedentes, estratégias e iniciativas. **Saúde Sociedade**, São Paulo, v. 22, n. 1, p. 187-198, 2013. Available at: https://www.scielo.br/j/sausoc/a/XZybmCZz3wDNhfXPgYSjy9B/?lang=pt. Access: 17 July 2018.

FORTE, F. D. S.; PESSOA, T. R. R. F.; FREITAS, C. H. S. M.; PEREIRA, C. A. L.; CARVALHO JUNIOR, P. M. Reorienting dental education: the preceptor's view of supervised internship in the Brazilian Health System (SUS). **Interface,** Botucatu. v. 19, n.1, p. 831-834. 2015. Available at: https://www.scielo.br/j/icse/a/qFnwCDm6kbvWCbKLsLhbdRR/abstract/?lang=en . Access: 15 May 2016.

FEUERWERKER, L. C. M., SENA, R. R. Contribuição ao movimento de mudança na formação professional em saúde: uma avaliação das experiências UNI. **Interface,** Botucatu, v. 6, n. 10, p. 37-50, 2002. Available at: https://www.scielo.br/j/icse/a/JKb7HZbwSk7vzWSzqyNzDSv/abstract/?lang=pt. Access: 17 July 2018.

LIMA, P. A. B.; ROZENDO, C. A. Desafios e possibilidades no exercício da preceptoria do Pró-PET-Saúde. **Interface,** Botucatu, v. 19, n. 1, p. 779-791, 2015. Available at: https://www.scielo.br/j/icse/a/7SgnzRWWpdJpc8nSpxNjsZL/abstract/?lang=pt. Access: 25 May 2017.

MADRUGA, L. M. S.; RIBEIRO, K.S. Q. S.; FREITAS, C. H. S. M.; PÉREZ, I. A.B.; PESSOA T. R. R. F, BRITO, G. E. G. The PET-Family Health and the education of health professionals: students' perspectives. **Interface,** Botucatu. v. 19, n.1. 2015. Available at: http://old.scielo.br/scielo.php?pid=S1414-32832015000500805&script=sci_abstract. Access: 30 Mar. 2017.

PEREIRA, A. F. **Integração ensino-serviço em Porto Alegre**: A construção do distrito docente assistencial Glória-Cruzeiro-Cristal. 2013. Trabalho de Conclusão de Curso

(Especialização em Práticas Pedagógicas em Serviços de Saúde) – Universidade Federal do Rio Grande do Sul, Porto Alegre, 2013. Available at: https://www.lume.ufrgs.br/handle/10183/76124. Access: 19 July 2020.

PIZZINATO, A. *et al*. A Integração Ensino-Serviço como Estratégia na Formação Profissional para o SUS. **Revista Brasileira de Educação Médica**. Brasília, v. 36, n. 1. p. 170-177, 2012. Available at: https://www.scielo.br/j/rbem/a/DZyZCgqb3NrDkpSgqVGgDNk/abstract/?lang=pt. Access: 13 Feb. 2017.

REIBNITZ, K. S. *et al*. Rede Docente Assistencial UFSC/SMS de Florianópolis: Reflexos da Implantação dos Projetos Pró-Saúde I e II. **Revista Brasileira de Educação Médica,** Brasília, v. 36, n. 2, p. 68-75. 2012. Available at: https://www.scielo.br/j/rbem/a/LkyRgMvpq4FXpGXhmV6NyzM/?format=pdf&lang=pt. Access: 7 May 2017.

SANDER, B. **Gestão da educação na América Latina:** Construção e reconstrução do conhecimento. Campinas, SP: Autores associados, 1995.

SILVA, E. V. M. **A Formação de Profissionais da Saúde em Sintonia com o SUS - currículo integrado e interdisciplinar**. Brasília, DF: Ministério da Saúde, 2008.

TORRES, R. B. S. *et al*. Estado da arte das residências integradas, multiprofissionais e em área profissional da Saúde. **Interface**, Botucatu, v. 7, n. 23, p. 2-16, 2019. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-32832019000100206&lng=en&nrm=iso. Access: 19 Jan. 2022.

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