REME • Rev Min Enferm. 2022;26:e-1452
DOI: 10.35699/2316-9389.2022.40273

REPORT

SIMULATED SETTING IN HOME VISIT TEACHING IN THE SCOPE OF PRIMARY HEALTH CARE

CENÁRIO SIMULADO NO ENSINO DA VISITA DOMICILIAR NO ÂMBITO DA ATENÇÃO PRIMÁRIA À SAÚDE

ESCENARIO DE SIMULACIÓN PARA ENSEÑAR A REALIZAR VISITAS DOMICILIARIAS COMO PARTE DE LA ATENCIÓN PRIMARIA DE SALUD

Nayara Gonçalves Barbosa[1]
Isabela dos Santos Martin[2]
Andreia Fernanda Nievas[2]
Angelina Letierre Viana[1]
Ana Carolina Guidorizzi Zanetti[2]
Jacqueline de Souza[3]

[1]Escola de Enfermagem de Ribeirão Preto da Universidade de São Paulo - EERP-USP, Departamento de Enfermagem Materno-Infantil e Saúde Pública. Ribeirão Preto, SP - Brazil. Faculdade de Enfermagem, Universidade Federal de Juiz de Fora - FACENF-UFJF, Departamento de Enfermagem Materno-Infantil e Saúde Pública. Juiz de Fora, MG – Brazil.

[2]EERP-USP, Departamento de Enfermagem Psiquiátrica e Ciências Humanas. Ribeirão Preto, SP - Brazil.

Corresponding author: Nayara Gonçalves Barbosa
E-mail: nagbarbosa@gmail.com

Authors' Contributions:
Conceptualization: Nayara G. Barbosa, Ana C. G. Zanetti, Jacqueline Souza; ***Data Collection:*** Nayara G. Barbosa, Isabela S. Martin, Andreia F. Nievas, Angelina L. Viana, Ana C. G. Zanetti, Jacqueline Souza; ***Investigation:*** Nayara G. Barbosa, Isabela S. Martin, Jacqueline Souza; ***Methodology:*** Nayara G. Barbosa, Isabela S. Martin, Andreia F. Nievas, Angelina L. Viana, Ana C. G. Zanetti, Jacqueline Souza; ***Project Management:*** Nayara G. Barbosa, Ana C. G. Zanetti, Jacqueline Souza; ***Supervision:*** Angelina L. Viana, Ana C. G. Zanetti, Jacqueline Souza; ***Validation:*** Angelina L. Viana, Jacqueline Souza; ***Writing - Original Draft Preparation:*** Nayara G. Barbosa, Isabela S. Martin, Andreia F. Nievas, Angelina L. Viana, Ana C. G. Zanetti, Jacqueline Souza; ***Writing - Review and Editing:*** Nayara G. Barbosa, Isabela S. Martin, Andreia F. Nievas, Angelina L. Viana, Ana C. G. Zanetti, Jacqueline Souza.

Funding: No funding.

Submitted on: 12/21/2020
Approved on: 11/05/2022

Responsible Editors:
Alexandra Dias Moreira
Luciana Regina Ferreira da Mata

ABSTRACT

Objective: to report the experience of simulation use in Nursing student attending the first year of the undergraduate course, for the development of the necessary skills to conduct home visits. **Description of the experience:** the simulation in question was developed following three stages: briefing, scene and debriefing. The strategy was conducted in a simulated house, a laboratory which recreated the home environment conditions. In this space, the students experience the Home Visit practice, anticipating possible difficulties or challenges. The students were active participants in the simulation. The debriefing allowed the students to express their feelings about the scenario, visualize performance and reflect on positive aspects related to development of the activity. In addition to that, it provided self-reflection on topics that can be improved. **Final considerations:** the strategy enabled a more realistic and applied teaching atmosphere, allowing the students to develop observation, communication and interview skills. The first Home Visit simulated experience can prepare the students to better identify the needs and potentialities present in individuals, families or in the home, as well as to better integrate the theoretical and practical contents.

Keywords: Education, Nursing; Simulation Training; House Calls; Primary Health Care.

RESUMO

Objetivo: *relatar a experiência do uso da simulação, junto a estudantes de Enfermagem do primeiro ano da graduação, para o desenvolvimento das habilidades necessárias para a visita domiciliar.* ***Descrição da experiência:*** *a simulação em questão foi desenvolvida seguindo três etapas: briefing, cena e debriefing. A estratégia foi realizada na casa simulada, um laboratório que recria as condições do ambiente domiciliar. Nesse espaço, o estudante vivencia a prática da visita domiciliar, antecipando possíveis dificuldades ou desafios. Os estudantes participaram ativamente da simulação. O debriefing oportunizou que os estudantes expressassem seus sentimentos diante do cenário, visualizassem a atuação e refletissem sobre aspectos positivos relacionados ao desenvolvimento da atividade. Além disso, proporcionou uma autorreflexão sobre tópicos que podem ser aprimorados.* ***Considerações finais:*** *a estratégia viabilizou uma atmosfera de ensino mais realística e aplicada, propiciando, aos estudantes, o desenvolvimento de habilidades de observação, comunicação e entrevista. A vivência simulada da primeira visita domiciliar pode instrumentalizar os estudantes para que eles identifiquem melhor as necessidades e potencialidades presentes nos indivíduos, nas famílias ou no domicílio, assim como façam uma melhor integração entre os conteúdos teóricos e práticos.*

Palavras-chave: *Educação em Enfermagem; Treinamento por Simulação; Visita Domiciliar; Atenção Primária à Saúde.*

RESUMEN

Objetivo: *relatar la experiencia del uso de la simulación, con el propósito de desarrollar las habilidades necesarias para las visitas domiciliarias, con estudiantes de primer año de Enfermería.* ***Descripción de la experiencia:*** *la simulación en cuestión se desarrolló siguiendo tres pasos: briefing, escena y debriefing. La estrategia se llevó a cabo en la casa simulada, un laboratorio que recrea las condiciones del entorno doméstico, en el que el alumno experimenta la práctica de la visita al hogar, anticipando posibles dificultades o retos. Los estudiantes participaron activamente en la simulación. El debriefing dio a los alumnos la oportunidad de expresar sus sentimientos sobre el escenario, visualizar su actuación y permitió reflexionar sobre los aspectos positivos relacionados con el desarrollo de la actividad. Además, proporcionó una autorreflexión sobre los temas que se pueden mejorar.* ***Consideraciones finales:*** *la estrategia permitió un ambiente de enseñanza más realista y aplicado, proporcionando a los estudiantes el desarrollo de habilidades de observación, comunicación y entrevista. La experiencia simulada de la primera visita a domicilio puede permitir a los estudiantes identificar mejor las necesidades y el potencial presente en las personas, familias u hogares y una mejor integración de los contenidos teóricos y prácticos.*

Palabras clave: *Educación en Enfermería; Entrenamiento Simulado; Visita Domiciliaria; Atención Primaria de Salud.*

How to cite this article:
Barbosa NG, Martin IS, Nievas AF, Viana AL, Zanetti ACG, Souza J. Simulated setting in Home Visit teaching in the scope of Primary Health Care. REME - Rev Min Enferm. 2022[cited _____ ___ __];26:e-1452. Available from: _____ DOI: 10.35699/2316-9389.2022.40273

INTRODUCTION

Human resources training has been a priority in different health-related agendas, being part of the Sustainable Development Goals (SDGs).[1] Specifically in relation to Nursing, the issue of training is at the heart of the *Nursing Now* Program, which acts in strengthening the professional identity of Nursing. Qualification of teaching in the area is the key aspect of the Strategic Guideline for Nursing in the Americas Region.[1]

In this sense, it is recommended to adopt sensitive and innovative approaches capable of providing Nursing students with the necessary skills for an effective insertion in the reality of the world of work in health. In other words, strategies promoting meaningful learning and use of diversified technologies, in order to stimulate the students' protagonism in their knowledge construction process.[2] Among the various approaches consistent with this recommendation, simulation strategies stand out and have been described as an active methodology of major importance for the teaching-learning process in higher education courses from the health area, especially Nursing.[3]

Simulation has the advantage of creating a realistic scenario in a risk-free environment, that is, a strategy that guarantees safety to the care recipient, as well as safety for the student. In addition, simulation provides the Nursing student with the opportunity to develop clinical reasoning skills and critical and reflective thinking, aspects necessary for the professional practice.[4] In addition to that, it proves to be effective in improving problem-solving, communication and decision-making,[5] turning students into protagonists of the process.[6] By participating in the simulation, the students have the opportunity to reflect on their performance, as the simulation also serves as a moment for sharing feelings and reviewing stances, helping to establish an articulation between theory and practice.[5]

It is important to note that simulation has recently been systematized, widely disseminated and studied in some developed countries. In Brazil, there is a significant investment for the creation of centers focused on simulation, although some barriers — mainly the high cost and the need for qualification of the professionals — have acted as limiting factors.[4,6] In addition to that, it is noticed that simulation is predominantly used in scenarios of acute experiences in hospital environment,[3] with low application of the methodology evidenced in the collective and community health scenario.

In this sense, the current text aims at reporting the experience of using simulation with first-year undergraduate Nursing students in order to develop the skills necessary for home visits (HVs). It is understood that a qualified HV provides a closer bond between health professionals and users of the service, enables broad understanding of the population's life, health and illness processes, and contributes to a more comprehensive, plausible and comprehensive therapeutic planning.[7]

At the national level, with the progressive implementation of a family-centered health care model, assistance at the community and home levels corresponds to a guideline of the National Primary Care Policy (*Política Nacional de Atenção Básica*, PNAB) in its different versions. Such being the case, HVs become an important duty of the professionals working in this care setting. From the expanded health perception, HVs are consolidated as valuable instruments to identify needs and interventions according to the reality of the populations.[7]

Therefore, it is inferred that the reflections of this report substantially contribute to an expansion of the repertoire of teaching strategies related to nurses' qualified performance in Primary Health Care (PHC). That is because the study provides apprehension of values related to equality in health, a care model centered on the person, the family and the community, as well as an understanding of values aimed at management in the form of care networks and focus on strengthening PHC.[1] Therefore, it is understood that Nursing performance, based on such values, represents a potential promoter of comprehensive care and expansion of the teams' technical ability to meet the families' and communities' needs.

Description of the experience

This text presents an experience report about the use of a simulated practice in HV teaching for students attending the first year of the undergraduate Nursing course. The simulation is part of the list of activities from the "Integrality of Health Care I" academic discipline, taught in the first year of the Bachelor's Degree in Nursing of the *Ribeirão Preto* Nursing School at the University of São Paulo (*Escola de Enfermagem de Ribeirão Preto-Universidade de São Paulo*, EERP-USP).

The academic discipline is active in the PHC scope, with development of cognitive and technical skills. By means of community activities in the territory and HVs, it seeks to favor the first contact of the students with the health units, the users of the service and their families.

This activity aims at promoting dialog between theory and practice in PHC services, focusing on a more comprehensive and contextualized practice in the everyday lives of health service users and their family members. For this, teaching strategies are used that stimulate clinical-social reasoning and emphasize the importance of considering people's subjectivity in the health practices, contributing to consolidating the concept of comprehensive care.

In this sense, laboratory simulation has been one of the strategies widely used in the aforementioned discipline, along with case studies, role play activities, use of media, virtual learning platforms and concept maps. The academic discipline is in charge of four professors and two nurses, with monitoring of the entire process to prepare and develop the activity. The simulated practice dynamics was developed on Thursdays and Fridays during June 2019. It is worth noting that the professors and nurses have theoretical-practical experience in the theme and took part in training sessions (teaching courses on simulation offered at the university), in preparing the scenario, and in conducting the briefing and debriefing. Such training sessions were in charge of professors who are experts in the methodology from the university itself, from the University of Miami and from the University of Coimbra.

A total of 80 undergraduate students were enrolled in the academic discipline, and the activity was performed in four groups comprised by 20 students each. The simulation and discussion process lasted approximately 2 hours, and was developed with two groups a day. The professors asked two volunteer students to perform the HV simulation dynamics; the other students acted as observers, taking notes and writing reflections for later discussion. In addition to that, during all stages of the simulated activity, the attitudes, behaviors and impressions reported by the students were video-recorded and the participating professors and nurses took due notes.

In relation to the stages adopted for the simulated practice, it is worth noting the elaboration of the simulated setting, the briefing, the scene and the debriefing. The setting proposed for HV teaching was developed in a simulated house at the Primary Care Laboratory of the Nursing Practice Simulation Center. This center has a complex of simulation laboratories intended for curricular and extracurricular activities of undergraduate and graduate students, for permanent education and research in health activities. The aforementioned laboratory complex has facilities with environments similar to those found in hospitals, health units and homes, with the necessary infrastructure for teaching, ranging from basic procedural skills to realistic simulation supported by highly complex technologies.

The simulated house allows developing clinical practices that are similar to a home (Figure 1). It consists of a simulation environment (kitchen, living room, bedroom and bathroom of a house) and a space reserved for observation of the scene through a glass wall, in which the observers do not have any contact or interference with the people who are on the scene.

The scene proposed for interaction consisted in a HV to an aged woman who had recently moved to the health unit coverage area. The information available was the following: "the user had hemiparesis resulting from a stroke, reported experiencing family conflicts, and required general guidelines on life and health habits, such as access to the care network in the new home territory". In the scenario, the house was organized so that the conditions that imposed risks on the aged woman were visible, such as slippery carpets, precarious hygiene conditions and potential dengue outbreaks, in addition to situations causing reflections on the character's life and health habits, such as ultra-processed foods, cigarettes and alcoholic beverages in the refrigerator, shelves and sink.

Considering that the actor or actress (simulated patient)[3] needs to undergo previous training to better understand his/her role and to know how to deal with the students' reactions during development of the simulation,[4,8] the role of the aged woman was played by a volunteer nurse.

With the scenario prepared, the next stage was the briefing, where the students received basic guidelines about the place and scene to start their performance.[8] These guidelines aimed at allowing the students to familiarize with the environment and the scene, in order to minimize anxiety and estrangement when faced with something new. The guidelines consisted in informing that the nurse at the Basic Health Unit (BHU) had requested a HV to a new resident in the area covered by the unit and not yet registered. In relation to the scene itself, it is worth noting that its outcome depends on the students' intervention.[8] In the case reported, the scene lasted from 10 to 15 minutes and was filmed so that, when watching the video during the debriefing, the students could reflect on their performance.

In the debriefing, the stage subsequent to the scene, there is discussion and reflection on the simulation.[4,5,8] After watching the footage of the simulated HV in a room separate from the scenario, the professor responsible for the debriefing applied three structural questions. Initially,

Figure 1 - Photographs of the simulated house at the Primary Care Laboratory of the *Ribeirão Preto* Nursing School at the University of *São Paulo* (EERP-USP)
Source: The authors.

she asked both students that took part in the setting how they felt in relation to conducting the HV and to what they considered they had done very well. Subsequently, from a perspective of positive reinforcement, the observing students were asked to indicate what they considered their peers performed with primacy. Finally, the participants were asked what they would do differently, always from a Positive Psychology perspective, that is, not pointing out the aspects that could be improved as process failures but as a previous experience for reflection on future improvements. This was especially due to the fact that the strategy was used as skills training and not as an evaluative process, an aspect that was emphasized from the beginning of the approach.

An important recommendation is to define clear objectives that aid the students and are the closest possible to the simulated reality. Thus, the objective of the simulation in question was for the students to perform the HV and, through qualified listening, interview and observation, to identify at least three health needs and one potentiality in the aged woman, the family or the home. Additionally, it was expected that, if asked, the students would provide basic information about use of the health unit and diverse information about the family's BHU registration — if progression of the visit allowed so, considering issues related to time, the user's demands and the interaction context.

The theoretical support previously provided showed the importance of acting from an expanded health perspective, considering the psychosocial aspects, the relevance of the essential elements of professional communication and an ethical and empathetic stance, as well as the importance of establishing a bond as the main guideline in the interpersonal relationships. In other words, it was expected that, during the simulated interaction, the students would apply the diverse knowledge acquired in the theoretical-practical classes. For this, the professor resorted to a checklist to monitor students' performance (Table 1), taking notes of the main issues that should be reviewed and better emphasized in future activities, as well as aspects to be praised, according to positive reinforcement patterns.

Initially, the volunteer students were very excited and anxious at the same time, both due to the fact they were observed by peers and professors, and for fear of not doing well in the activity. In this sense, the teacher took advantage of the situation to instruct them on the importance of a planning that could guide them in the activity and,

Table 1 - Skills expected during the simulated HV

Expected actions	Were they performed?
Introducing themselves to the user	( ) Yes ( ) No
Addressing the user in an educated and warm manner	( ) Yes ( ) No
Explaining the reason for the visit	( ) Yes ( ) No
Establishing interaction empathetically	( ) Yes ( ) No
Listening actively	( ) Yes ( ) No
Establishing clear communication	( ) Yes ( ) No
Using adequate stance and vocabulary	( ) Yes ( ) No
Collecting diverse information about the family	( ) Yes ( ) No
Identifying the family's potentialities	( ) Yes ( ) No
Watching the environment	( ) Yes ( ) No
Offering guidelines to the patient	( ) Yes ( ) No

at the same time, reduce anxiety in relation to what they would need to develop. Thus, the planning skill was one of the first in the activity.

From that moment, the students were encouraged to start the simulation. The pair went to the house door and called for the user of the health service, who opened the door to them and invited them in. In this stage, the basic interaction skills were trained, so that the students were able to establish the first contact with the user in a respectful, educated and warm manner. In addition to that, immersion in the environment favored observation training and a critical and reflective assessment of the home.

They all sat at the table, and both students started the conversation by introducing themselves, explaining the reason for the visit and asking questions to the user. Therefore, they carried out the interview and data collection in order to better understand the constitution and dynamics of the family, the social support network and the bond with the BHU and the other services that comprise the health care network.

During this stage, the students were very concerned about recording as much information as possible to the detriment of establishing eye contact and bonds. The reaction of the actress to this situation was stated in the following speech: "*I'm worried... What is it that you keep writing in that paper?*", leading the students to reflect on their stance and the need to show interest. This situation allowed improving the communication skill, considering the non-verbal elements involved in this process.

The actress' questions and statements also encouraged the development of welcoming and listening skills and establishment of the nurse-patient relationship, in addition to guidance in health, with emphasis on the nurse's educator role. The simulation was ended when no more questions were asked or when there was silence. The students said goodbye to the user, asking if she had any further doubt.

They returned to the classroom and the footage was presented. At that moment, the students were surprised at their performance and had a more detailed and reflective perception about the simulation. While the video was shown, they felt euphoric and, eventually, a little ashamed when seeing their own images again. However, all these feelings were handled during the debriefing, with reinforcement that it was a moment of construction and reflection for skills improvement and that the video had only a didactic purpose (it would later be destroyed).

After the teaching simulation stage, the undergraduate students immersed themselves in internship fields corresponding to primary care services in the municipality. One of the main activities was a HV to users of PHC services. Each pair of students performed at least six HVs to the same family throughout the immersions. Introduction of the families, the first HV, was made possible by the community health agents. Planning and conduction of the visits took place under the supervision of the professors who taught the academic discipline.

During the HVs, the students identified the health needs and vulnerabilities of the individuals and their family members. Therefore, based on group discussions and with the health team, they developed a genogram, an ecomap and an individualized health care plan, considering singularities and specificities of each family. Thus, in the scenarios of immersion in the PHC services there was greater confidence and autonomy in the students during the HV, with development and improvement of countless skills, as previously described.

The students' satisfaction with the proposal developed was evident, providing the first contact with the users and their family in the health system, in addition to creating bonds throughout the subsequent HVs. The material produced by the students during the "Integrality of Health Care I" academic discipline was attached to the family's medical record, which could promote continuity of care by the health team and by future students, interns or residents who would provide care to the family.

DISCUSSION

The teaching strategy in question has contributed to an active learning process[6] by the students, through their participation and training in communication[3], interview and observation skills, as well as the simulation of

their first HV. HVs are characterized by using soft technology, allowing for more humane and welcoming health care. They are conducted by means of sensitive listening, from which bonds of trust are established between the professionals and the users, the family and the community. Light technologies reveal the communication skills, which, when undertaken effectively, provide bonding based on trust and respect, integrally serving the person.[9]

In this sense, the simulated HV practice has become a strategy with the potential to develop skills related to the soft technologies in health care. The potential of such a strategy is manifested by the fact that the scenario emerged as a space in which the students can experience the practice, anticipating possible difficulties or challenges.[3-5] In addition, the debriefing provides the opportunity for the students to express their feelings in the face of the scenario, as well as to recognize their performance and potential for improvement[5] That is, watching the footage and the debriefing structure allow the students to identify their successful attitudes and to reflect about whether they achieved or not the objectives proposed.

In addition to that, this activity has been a space where the students raise, in a more contextualized way, their doubts regarding the content taught and how to handle situations that may occur in the homes. Such being the case, the experience represents a more realistic and applied teaching atmosphere, permeated by reflections that allow connecting learning to future practices.

In this way, the strategy described contributes to discussing reality, a fundamental factor that awakens the desire for change when a sensation of discomfort arises in the subjects in the face of an attitude to be taken or the perception that their knowledge and practices can be improved, qualifying the ways to deal with the challenges inherent to their work. In other words, the strategy in question assists in encouraging protagonism towards finding ways and solutions to solve problems, as well as in developing critical and reflective thinking about reality.[10]

Observation of the simulation by the other students has provided an indirect experience, enabling self-efficacy in the exercise of analysis of the peers' resourcefulness and success during the simulated practice. It is noted that taking down notes of the observations, watching the footage and the reflections and notes during the debriefing demand articulation with the theory, also stimulating critical and reflective thinking in the face of the need, in a near future, to carry out their own HVs in an immersion context.

As they are students attending the first year of the Nursing course, they express anxiety and insecurity in relation to the first contact with users of the health services in their home environment. For this reason, the opportunity to experience such interaction in a simulated environment before a real one allows the students to make a prior planning closer to reality with more confidence for the first contact with the users and families.

Thus, it is inferred that articulation between the methodological approaches presented has provided the Nursing students in question with the opportunity to establish a comparative parallel between the simulated and real settings. Different learning opportunities are offered, closer to practical performance and improvement of the professional response with users and families, contributing to increasing the students' self-confidence, as well as effectiveness in their practical performance during the teaching-learning process.

This experience underwent by the professors, nurses and students of this academic discipline corroborates the results of a previous study, in which it was identified that the students who participated in the Home Visit simulation activity in a responsible way were satisfied with the level of knowledge acquired.[5]

Regarding the challenges, the amount of physical and human resources required to enable the strategy for a large number of students in each class stands out — aspects also pointed out in previous studies.[4,8] Strategic use of resources and creativity allows for the development of simulated settings with lower costs and investments, ensuring use of the simulation strategy and greater effectiveness in the teaching-learning process during the training of nurses capable for different scenarios and institutions, considering the heterogeneity of the country and the population's health needs.

In summary, this report reinforces three aspects in relation to the development of non-conventional teaching strategies. In the first place, the need for an adequate institutional infrastructure[4] allowing planning and execution in the most efficient and reliable way with the reality of the working world.[4,5,10] Secondly, it reinforces the importance of preparing a scene adequate to the objective proposed in the teaching plan and consistent with the course stage and the characteristics of the group of students.[4] Third, specifically in relation to health teaching simulation, it is important to emphasize that a pleasant and respectful experience[5] should be offered — especially to first-year students — and preferably without an

evaluative nature. In addition to being a didactic strategy, such experience can be an approximation with the reality of the profession and a way to re-emphasize the course specifics, which are oftentimes not clear to first-year students.

As pointed out in the report, in general, the students present certain anxiety towards the fact of being filmed and watched by the professors and by their peers. Therefore, it is also extremely important that the professors consider, at different times of the process, alternative approaches to handle this issue, acting, whenever possible, in a welcoming way, giving greater emphasis to the aspects that were well-developed by the students and reinforcing the confidentiality contract and mutual respect among all those involved.[5]

It is also worth noting the dynamics of this entire process: even in the face of a well-structured scenario and a meticulously planned teaching context, each simulation is unique, as it directly involves human subjectivity[4,5] and the expressions of the group itself. Therefore, the professors must be flexible and prepared and alert to effectively leverage the different learning situations.[5]

Finally, the fact that students were more focused on the notes than on the strategies to establish a bond with the user raises a discussion about an important bias related to the Nursing profession, where the social imaginary focuses mainly on the technical-procedural aspects to the detriment of the light technologies.[9] In fact, both have equal weight in the professional practice, as it was well-emphasized by the current recommendations of the national education and health agencies.[2]

FINAL CONSIDERATIONS

Conducting the simulation has exerted a positive impact on the teaching-learning process, constituting itself as an important alternative for an expansion in the repertoire of didactic resources by the professors. It has also contributed to skills development and to the acquisition of competences, with a view to identifying health needs in the family context, promoting important reflections on the professional stance and on decision-making. Thus, the activity has potential to strengthen the students' self-confidence before their immersion into a health unit. Therefore, the HV simulation strategy reflects the importance of using innovative methodologies in teaching, as well as the commitment to training nurses capable of working in PHC in line with the principles of the SUS.

REFERENCES

1. Organização Pan-Americana da Saúde. Diretriz estratégica para a Enfermagem na Região das Américas. Washington, D.C: OPAS; 2019[cited 2020 Apr 08]. Available from: https://pesquisa.bvsalud.org/portal/resource/pt/biblio-996047

2. Conselho Nacional de Saúde. Resolução CNS Nº. 573, de 31 de janeiro de 2018. Brasília: CNS; 2018[cited 2020 Apr 20]. Available from: https://conselho.saude.gov.br/resolucoes/2018/Reso573.pdf

3. Ribeiro VS, Garbucio DC, Zamariolli CM, Eduardo AH, Carvalho EC. Simulação clínica e treinamento para as Práticas Avançadas de Enfermagem: revisão integrativa. Acta Paul Enferm. 2018[cited 2020 Apr 01];31(6):659-66. Available from: https://doi.org/10.1590/1982-0194201800090

4. Cazañas EF, Prado RL, Nascimento TF, Tonhom SFR, Marin MJS. Simulation in Nursing baccalaureate courses of Brazilian educational institutions. Rev Bras Enferm. 2021[cited 2021 Dec 16];74(suppl. 5):e20190730. Available from: https://doi.org/10.1590/0034-7167-2019-0730

5. Souza EFD, Silva AG, Silva AILF. Metodologias ativas na graduação em Enfermagem: um enfoque na atenção ao idoso. Rev Bras Enferm. 2018[cited 2020 Apr 01];71:(suppl. 2). Available from: https://doi.org/10.1590/0034-7167-2017-0150

6. Meschial WC, Ciccheto JRM, Lima MF, Menegaz JC, Echevarría-Guanilo ME, Oliveira MLF. Active teaching strategies improve Nursing knowledge and skills to assist burn victims. Rev Bras Enferm. 2021[cited 2021 Dec 16];74(Suppl 5):e20200235. Available from: http://dx.doi.org/10.1590/0034-7167-2020-0235

7. Morais APP, Guimarães JMX, Alves LVC, Monteiro ARM. Produção do cuidado na atenção psicossocial: visita domiciliar como tecnologia de intervenção no território. Ciênc Saúde Colet. 2021[cited 2021 Dec 16];26:1163-72. Available from: https://doi.org/10.1590/1413-81232021263.09102019

8. Oliveira SN, Massaroli A, Martini JG, Rodrigues J. From theory to practice, operating the clinical simulation in Nursing teaching. Rev Bras Enferm. 2018[cited 2020 Apr 18];71(Suppl 4):1791-8. Available from: http://dx.doi.org/10.1590/0034-7167-2017-0180

9. Souza JWR, Silva FCV, Brito PKH, Silva RCR, Alves B, Fernandes MC. Tecnologias leves na atenção básica: discurso dos enfermeiros. Rev Saúde Ciênc Online. 2020[cited 2021 Dec 16];9(3):18-28. Available from: https://rsc.revistas.ufcg.edu.br/index.php/rsc/article/view/460/414

10. Borges FA, Fortuna CM, Feliciano AB, Ogata MN, Kasper M, Silva MV. Analysis of professional implication as a tool of permanent education in health. Rev Latino-am Enferm. 2019[cited 2020 Apr 14];27:e3189. Available from: https://doi.org/10.1590/1518-8345.3114.3189