

## TEACHING-SERVICE'S INTEGRATION IN THE TRAINING OF NURSES IN THE STATE OF SÃO PAULO (BRAZIL)

INTEGRAÇÃO ENSINO-SERVIÇO NA FORMAÇÃO DO ENFERMEIRO NO ESTADO DE SÃO PAULO (BRASIL)

INTEGRACIÓN ENSEÑANZA/ TRABAJO EN LA FORMACIÓN DEL ENFERMERO DEL ESTADO DE SÃO PAULO (BRASIL)

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### ABSTRACT

**Objective:** to analyze how the teaching-service's integration has been occurring in nurses' education, its advances and challenges. **Method:** a qualitative study that analyzed through hermeneutic-dialectic, the pedagogical projects of six nursing courses in the state of São Paulo and interviews of 21 teachers. **Results and Discussion:** it is observed that diversification of the scenarios and insertion of the students in the professional practice in the initial series is occurring. Teaching-service's integration walks between advances and challenges considering this action must be maintained independently of the political conjuncture, institutional agreements and guarantee of joint construction spaces. The insertion of the students in the scenarios promotes different impacts in the transformation of the expected practice. Although the integration is more consolidated in basic care, the institutions have been seeking strengthening integration with hospitals. **Final Considerations:** the process of teaching-service's integration is surrounded by complexities and subjectivities that need to be discussed to overcome the mismatch between academic and care intentions.

**Keywords:** Education, Nursing; Curriculum; Unified Health System; Teaching Care Integration Services.

### RESUMO

**Objetivo:** analisar como vem ocorrendo a integração ensino-serviço na formação do enfermeiro, seus avanços e desafios. **Método:** estudo qualitativo que analisou, por meio da hermenêutica-dialética, os projetos pedagógicos de seis cursos de Enfermagem do estado de São Paulo e as entrevistas de 21 professores. **Resultados e Discussão:** observa-se que está ocorrendo diversificação dos cenários e inserção dos estudantes na prática profissional nas séries iniciais. A integração ensino-serviço caminha entre avanços e desafios, considerando que esse movimento deve ser mantido independentemente da conjuntura política, por acordos institucionais e garantia de espaços de construção conjunta. A inserção dos estudantes nos cenários promove distintos impactos na transformação da prática esperada. Embora a integração seja mais consolidada na atenção básica, as instituições vêm buscando fortalecimento com os hospitais. **Considerações Finais:** o processo de integração ensino-serviço está envolto por complexidades e subjetividades que necessitam ser discutidas para superação do descompasso entre intenções acadêmicas e de cuidado.

**Palavras-chave:** Educação em Enfermagem; Currículo; Sistema Único de Saúde; Serviços de Integração Docente-Assistencial.

### RESUMEN

**Objetivo:** analizar cómo se produce la integración entre la enseñanza y el trabajo en la formación del enfermero, sus avances y retos. **Métodos:** estudio cualitativo que, a través de la hermenéutica-dialéctica, analizó los proyectos pedagógicos de seis cursos de enfermería del estado de São Paulo y las encuestas a 21 profesores. **Resultados y Discusión:** se observa la diversificación de escenarios e inserción de los alumnos en la práctica profesional en los cursos iniciales. La integración enseñanza/trabajo marcha entre avances y retos, teniendo en cuenta que este movimiento deben mantenerse, independientemente de los arreglos políticos, por acuerdos institucionales y la garantía de espacios de construcción conjunta. La inserción de los estudiantes en los escenarios promueve distintos impactos en la transformación de la práctica esperada. A pesar de que la integración está más consolidada en la atención primaria, las instituciones buscan fortalecerse con los hospitales. **Consideraciones Finales:** el proceso de integración enseñanza – trabajo está rodeado de complejidades y subjetividades que necesitan ser discutidas para lograr superar el desajuste entre las intenciones académicas y las de cuidados.

**Palabras clave:** Educación en Enfermería; Currículo; Sistema Único de Salud, Servicios de Integración Docente Asistencial.

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## INTRODUCTION

The traditional mismatch between teaching and service imposes difficulties for the training of health professionals. It is observed that the academy, which has more approximation with the production of knowledge, has not been able to contribute to its applicability in the transformation of the practices, by assuming an idealized position in the production of the care, without considering the obstacles and the dynamicity of the daily life of the services. The service, in turn, ignores the presence of the academy in the care settings, giving the idea that they are actors with different purposes.

The teaching-service integration has been encouraged since the 1960s, through the University Reform action, which proposes professional training adequate to social needs. In health, the Health Reform Action proposed the construction of new modes of care based on the principle of integrality, mobilizing the reformulation of the health system and university curricula, with a *Integração Docente Assistencial* (IDA) strategy.<sup>1</sup>

In the 80's, some schools implemented this idea, with the concern of breaking with the hospital-centric practice and teaching practices based on the traditional model. It was also sought to articulate the regional epidemiological profile from a critical practice and in accordance with the social reality of the people and the community.<sup>2</sup> The strengthening of these initiatives occurs with the 1988 Constitution when establishing that the *Sistema Único de Saúde* (SUS) is responsible for the ordination and training of human resources in the health area.<sup>3</sup>

In the 1990s, the Kellogg Foundation supported some institutions through the UNI Project (A New Initiative in the Education of Health Professionals), with the purpose of transforming the process of formation and work of the health services through the partnership among education, services and community.<sup>3</sup>

Other incentive programs were instituted by the *Ministério da Saúde* (BR), such as the *Programa de Incentivo às Mudanças Curriculares nos Cursos de Medicina* (PROMED), the *Programa Nacional de Reorientação da Formação Profissional em Saúde* (*Pró-Saúde Programa*), which includes courses in the area as well as the *Programa de Educação pelo Trabalho para a Saúde* (PET-Saúde), in its different modalities, with a view to intervening in the priority health problems involving academia, services and community, in the development of teaching, research and assistance. These movements, although with great potential for mobilization of the actors involved in the care and teaching process, were not very comprehensive, especially considering that the training of health professionals is under the control of the private initiative and that only a minority could be considered with such incentives.

Also, from the perspective of the integration of teaching and service, we highlight the campaigns *Vivências e Estágios na Realidade do Sistema Único de Saúde* (VER-SUS); *Aprender SUS: Educação Permanente como Estratégia de Gestão*; the poles of

Permanent Education and the certification of teaching hospitals, established by the *Ministério da Saúde* (BR). Because of the *Pacto pela Saúde*, the *Política Nacional de Educação Permanente* was developed through the *Colegiados de Gestão Regional* (CGR) with the participation of the *Comissões Permanentes de Integração Ensino e Serviço* (CIES).<sup>4</sup>

Such movements reinforce the needs for change, and it is up to the *Instituições de Ensino Superior* (IES) to advance in this perspective, since to include the teaching-service integration in the curricular development is essential condition for the formation of a professional capable of intervening in the social reality. This integration, besides contributing to the training of professionals, favors the transformation of articulated actions for the qualification of health care and consolidation of the principles and directives of the *Política Nacional de Saúde*.<sup>5</sup>

However, there have been many challenges to this integration, since it involves operational actors with different perspectives and priorities, as well as the willingness, interest and knowledge of health service managers to understand this logic as inherent in the health policy instituted. Faced with these difficulties, guidelines for *Contratos Organizativos de Ação Pública Ensino-Saúde* (COAPES) were recently instituted, aiming to provide sustainability so that partnerships can be strengthened within SUS.<sup>6</sup>

The main objectives of COAPES are "to guarantee access to all health facilities under the responsibility of the health area manager as a practice scenario for undergraduate and residency training in health and establish the attributions of the parties related to the functioning of the health system. teaching-service-community integration".<sup>6</sup> This opens up new possibilities for discussion and expectations of progress, even though it is understood that the process of change occurs slowly because it demands negotiations from different perspectives and is marked by a power struggle.

It should be recognized, however, that the integration between teaching and effective service is a fact when collective work occurs, in an agreed and integrated way with the actors of the academy, actively participating in the work process of the health team, which involves exchange of knowledge and joint actions.<sup>3</sup>

The challenges faced in integrating teaching and services are placed in the training of nurses, since their profile and competences defined in the *Diretrizes Curriculares Nacionais* (DCN) of 2001 propose a critical action in relation to the current professional practice with a view to their transformation.<sup>7</sup> It is important to point out that, although the discussions instituted by the *Associação Brasileira de Enfermagem* (ABEn) identify the need for new guidelines and that a path for this is already being worked out, the nurse training commitment must be maintained in accordance with the principles and SUS guidelines.

Based on the increasing appreciation of the relationship between teaching and service in the training of nurses and un-

Understanding that it implies different ways of happening and that multiple are the challenges for its effectiveness, the present study starts from the question of how has the integration of teaching and nursing training. In this sense, it is proposed, as an objective, to analyze how education and service integration has been occurring in the training of nurses, their advances and challenges in public and private institutions.

## METHOD

This is a qualitative research in the interpretative modality, performed through interviews with teaching staff nurses.

The field encompasses public and private IES in the state of São Paulo, which offer undergraduate Nursing courses. According to data from the Ministry of Education, in 2013 the state of São Paulo had 178 Nursing courses registered in 141 IES. Of these, only nine (4.8%) belong to the public initiative.<sup>8</sup>

As criteria for defining the sample of private institution courses, it was decided to include those with a grade of three or more in the *Sistema Nacional de Avaliação da Educação Superior* (SINAES). When the courses do not reach this concept, they are already considered outside the minimum standard established for a smooth operation. Thus, of the total of 169 Nursing courses of private schools in the state of São Paulo, six (3.6%) counted on concept five; 20 (11.8%) – concept four; 46 (27.2%) – concept three; 49 (29%) – concept two; two (1.2%) concept one; 20 (11.8%) – without concept and 26 (15.4%) – without evaluation.<sup>8</sup>

From the selection of courses with a grade of three or more in the SINAES, there were 72 courses from private institutions. Another criterion was applied, that of having at least 10 years of operation, considering that they should develop change processes to meet the new curricular guidelines. Thus, the total of 25 courses was obtained.

All public institution courses were included, i.e. nine, regardless of the concept attributed by SINAES, since many of them are regulated by the secretary of state, and there is no obligation to submit to the evaluation criteria of the *Ministério da Saúde* (BR). After inclusion criteria were applied, three public institution and three private institution courses were drawn, with the intention of seeking the diversification of IES. After the lottery of the courses, contact was made with the coordinator of each of them, to obtain authorization to carry out the study. In cases in which the coordinator and/or the institution did not agree, a new lottery was carried out until the necessary sample was obtained.

Initially, the course coordinators were asked for the pedagogical project, from which data were collected on the practice scenarios, workload and beginning of the student's insertion in the services. In a second moment, the coordinators were asked to indicate teachers who had been involved in the process of curricular reorganization. After the appointment,

teachers were invited by email and/or telephone to attend. This process was permeated by great difficulty in obtaining the sample. The initial intention was to interview four teachers from each IES, however, because of the difficulty detected, in one of the public IES two teachers were interviewed, in another private IES three were interviewed and in the other four teachers were interviewed.

Thus, the study population was composed of 21 teachers from six nursing courses in the state of São Paulo, 11 of private IES and 10 of public IES.

For the data collection, interviews were carried out, followed by a script with questions related to the integration of teaching and service in the process of curricular reorganization, its advances and challenges. These interviews were previously scheduled, in the best moment for the participants, carried out by the main researcher, recorded in audio, with average duration of 30 minutes and transcribed in full.

The analysis of the data, based on hermeneutic-dialectic, made possible, from the principles of hermeneutics, the understanding and criticism of reality, through the understanding of texts, historical facts and everyday life. The dialectic allowed to underline the difference, the contrast, the dissent and the rupture of the sense. Together, hermeneutics and dialectics represent the movement necessary to the production of rationality in relation to social processes constituted of complexity.<sup>9</sup> Considering that in every process of change there is a dialectical movement, this analysis allows us to highlight the advances and challenges of teaching-service integration in the training of nurses.

For the interpretation of the information, the "ordering of the data" obtained through the transcription of the interviews was initially done, which allowed the organization of the reports according to the proposed questions. Then, the "data classification" was performed, which consisted of understanding such data based on questions based on the theoretical foundations. This allowed the establishment of the empirical categories to be confronted with the analytical categories to mark out the investigation, seeking the dialectical relations between them. The "final analysis" was performed through the articulation between the collected data and the theoretical reference of the research to understand the interfaces of the teaching and service integration in the nurse training process and compliance with the current National Health Policy.<sup>10</sup>

This research was approved by the Ethics and Research Committee that Involves Human Beings, under the opinion 816.301, dated 10/02/2014, CAAE 36463914.0.0000.5413, and followed the recommendations of Resolution 466/12 regarding the Free and Informed Knowledge Term.

To ensure the anonymity of the IES and the participants, the interviews were coded, public IES – "P"; Private IES – "PRI" and teacher – "PRO".

## RESULTS AND DISCUSSION

Among the interviewees, 19 (90.5%) were female, aged between 32 and 59 years, and 12 (57%) were over 50 years old. The training time ranged from nine to 36 years and the work in the institution was from two to 28 years. In relation to the degree, five (23.8%) were specialists, seven (33.3%) masters, eight (38.1%) doctors and one (4.8%) free professors.

The search for teaching-service integration has been a challenge faced by the training institutions over the years, especially after the creation of SUS, considering its importance for a new logic of training of health professionals and the potential in the transformation of practices.

Based on the analysis of the Pedagogical Course Projects (PPC), this study reveals that teaching learning scenarios have been expanded and diversified to hospital outskirts, with practical activities in primary care, outpatient clinics and other social and educational facilities, such as crèches and institutions long-term care for the elderly. In addition, we note the concern of some IES in inserting students into professional practice from the first grade of the course, according to Table 1:

In P1 and P3, students meet professional practice from the first grade of the courses and, in the others, from the second grade, and the PRI1 only performs visits, observations and reports of professional practice in the first two years of the course. All IES develop their stages in the areas of women, adult and child health, and five of them carry out practical activities specifically aimed at mental health.

The expansion and diversification of practical scenarios beyond the hospital field refer to the possibility of understand-

ing extended concepts of the health-disease process, unlike the historical roots of health education, which for many years had the focus on disease and the biological aspects.

A study carried out with medical graduates on the meaning of insertion in the *Estratégia Saúde da Família* (ESF) since the first series of the course found that this practice allowed to improve the relation with the users, the development of bond, the recognition of the living conditions and the importance of conducts consistent with each reality. In this way, important contributions to the professional practice are made, even making the option for a specialty.<sup>11</sup>

The *Estágio Curricular Supervisionado* (ECS) takes place in the last two semesters of the course, in basic care and in the hospital environment, in all institutions participating in the study, as described in the DCNs.<sup>7</sup> This training moment is an opportunity to live the professional reality, to articulate theory and practice and to carry out confrontations inherent in specific areas of knowledge.<sup>12</sup> This fact can be understood as an advance, since the two scenarios are equally valued and experienced by the students. It is important to emphasize that the movement to keep the student in the same service during a semester allows more involvement and bonding with users and staff.

It is thus verified that the IES are organizing to attend to the DCNs and to train nurses capable of acting in the logic proposed by the Brazilian health system, since the insertion of the students in different scenarios of practice makes possible the health-disease process, including understanding the social determinants that contribute to the sick and dying forms of the population.

Table 1 - Teaching-learning scenarios, according to the Pedagogical Course Project, 2016

IES	Practice scenario
P1	Students are included in the Family Health Strategy in the first two grades. In the third series, the scenario is hospital, in the areas of women's, children's, adult's and mental health (Psychosocial Attention Center [Centro de Atenção Psicossocial, CAPS]). In the 4th grade, the Supervised Curricular Internship takes place in primary care (ESF) and in IES hospitals.
P2	In the first two series the contents of the basic and social sciences are approached. From the second series, internships in the hospital and public health areas. In the third grade, the hospital, the primary care and mental health units (CAPS and the psychiatric hospital) are developed in the areas of adult, woman and child health. In the 4th grade, ECS occurs in hospital units and primary care.
P3	In the first series, there are theoretical-practical disciplines, in which practice takes place in kindergartens, schools, women's health care center, psychiatric hospitals, psychology centers. The ECS are developed in the last two semesters of the course, in hospitals, clinics, basic network and communities, with the participation of the nurse of the service.
PRI 1	In the first grade he knows how the insertion of the nurse in the scenario of basic and hospital care is given through visits and elaboration of reports on the scenarios. In the 6th and 7th semesters the practice of nursing in collective health and mental health begins; and in the 8th semester the scenario is hospital. The ECS occurs in hospitals, outpatient clinics and the basic health care network in the last two semesters.
PRI 2	In the first semester, the students follow the practical activities of the students of the 3rd semester, in which health promotion and prevention actions are developed, which extend until the 8th semester. There is a polyclinic from the IES itself that serves the community in the areas of women's health and mental health. ECS occurs in the 9th and 10th semesters of the course in basic and hospital care.
PRI 3	The internships begin in the 3rd semester, in the basic health unit, hospital and the nursing home. In the 4th semester, the internships are concentrated in the basic health units and the Family Health Strategy. In the 5th and 6th semesters, in hospital and asylum units. On the 9th and 10th semesters the ESC takes place in the basic health and hospital units.

Source: Pedagogical Course Projects of the participating IES.

It is also reaffirmed that the revision of basic care guidelines and standards in 2011 extends the purpose of primary care, and family health is considered the main strategy for its organization.<sup>13</sup> Thus, as observed in the participating IES, the basic attention, especially the ESF, has been constituted in a potent teaching-learning scenario, enabling the student to live closer to the people and their life context.

Some IES place the student in the practice scenario earlier, others, especially private institutions, by maintaining disciplinary curricula, maintain the fragmentation of theory and practice, with the insertion of students in disjointed and later moments. Its practice in practice since the initial series allows the experience of the complexity of real situations, teamwork, the development of autonomy, bonds, citizenship and the practice of the most qualified care.<sup>5</sup>

In the analysis of the interviews with the teachers it was possible to perceive that the integration between teaching and health services walks between advances and challenges. The students both insert themselves effectively in professional practice and in the development of purely academic actions. This integration is strengthened in primary care. These aspects are corroborated in the PPCs of the courses, which bring the students' insertion into both basic health care and mental health units, as well as outpatient and day care centers.

Regarding the challenges, according to study participants, if teaching-service integration is to occur in a desirable way, it should happen regardless of the political scenario. To do so, it is necessary to establish effective integration among the actors involved in the process of care and education, to ensure the diversification of practice scenarios beyond those managed by the training institution itself, which in most cases is the hospital. However, advances in this integration often depend on individual understanding, desires, and interests, which interferes with the desired transformations.<sup>5</sup>

*[...] a way for you to strengthen that partnership would be through [...] a contract [...] Regardless of who enters, who goes out, the incoming college director, the incoming mayor, the secretary of health, you would have a contract (PRO1/P1).*

In this direction, we highlight advances that occurred through well-developed agreements, leading to true integration with the practice scenarios, both in basic care and in the hospital.

*[...] we have a great partnership with a covenant, everything is very elaborate, with [...] almost all the hospitals of the [city]... and with the Municipal Health Secretariat [...] We have a great integration. It's our home to Public Health too. It's not just in the hospital area (PRO3/P2).*

The narrowing of the integration between teaching and service demands complex mediations, because in this relation there are inequalities and contradictions.<sup>14</sup> Moreover, the consolidation of the partnership, although negotiated, most often in the macrospace, brings the worlds of work and education closer together, reflecting directly on the microspace.<sup>15</sup>

The participants' statements show that the guarantee of formal spaces allows the sharing of activities and educational objectives so that students' needs are understood, and the planning elaborated.

*Here we have a very good articulation with basic attention. We have the CIEP meeting, which is the Commission for Integration in Education and Research in [city], where we discussed integration. We present the curriculum of our courses, there are discussions [...] what you need for basic care, how SUS is being worked on in these schools (PRO3/PRI1).*

*[...] we are discussing together what they believe their service has to offer the student [...] in the view of the nurse, because it is no use for the school to get there with a ready planning [...] So we're really putting together (PRO4/P2).*

These spaces, therefore, lead to collective construction of projects, shared responsibility, dialogue and negotiation, because integration in fact only occurs with the mutual efforts of educational and service institutions.<sup>14</sup> The relevance of this movement is reaffirmed by the Interministerial Ordinance of COAPES No. 1127, which brings, as a principle, the sharing of planning and evaluation of training processes, among educational institutions, residency programs and health services.<sup>15</sup> The creation of management committees for teaching-service integration is a strategy that allows for reflection, discussion, planning and evaluation of the actions carried out.<sup>16</sup>

In addition to the interinstitutional negotiations, agreements and planning in the micro-spaces of the health services are also necessary to guarantee the effectiveness of the teaching-service integration. As health teams become involved in reflections on work processes, the possibilities of more effective training and lifelong education in health are widened.<sup>15</sup>

The effectiveness of teaching-service integration depends, then, on structural and significant changes, on the joint construction of managers, workers, teachers and students, with a close approximation of subjects from the world of work and education, two universes that do not always talk enough exchange and complementarity of knowledge.<sup>17</sup>

It should be noted that, although advances are observed, many are the challenges, and COAPES may have filled an important gap in this partnership, since it provides guidance and



establishes more clearly the co-responsibility between academia and health services facing the needs of changes in teaching and care production.

Permeating a trajectory of advances and challenges, the interviewees emphasize that the integration between teaching and service occurs both in a cooperative way between the academy and the health team, in a frank movement of reciprocity, as well as in isolation from the work context of the professionals.

*I also had an experience with the basic network, in a unit where we participated in the team meeting, and this planning exercise was a moment that happened because the gym was there, the gym needed, and they understood. But it was not that routine, if the student is not there, things do not happen (PRO4/P1).*

The actions of the IESs are often "separated" from the service, causing the teams to lack clarity of the activities developed by the students.<sup>18</sup>

Thus, it is understood that it is necessary to change the way of acting and thinking of the actors involved in health care, so that services are considered as a training space, with actions based entirely on a clear teaching-service integration.<sup>15</sup>

The presence of the student in the practice scenarios brings to the team possibilities of a different way of acting, with mobilization in the *status quo*, in which professionals are accustomed to work, as the complexity of care emerges beyond the technical-scientific area, with possibilities for reflection on the different realities experienced.<sup>18</sup>

This condition can be observed in the following speech:

*It began with a proposal from the academy and today the student explores the activity that is of the team for his learning. So even the contribution is reciprocal. Students learn, and the team also develops a differentiated work (PRO4/P1).*

At a time when there is a meeting between the world of work and the world of teaching, people open to different possibilities of looks. There is a "marriage of own knowledge", in which, through dialogue, the search for consensus<sup>15</sup> so that teaching and service are considered interdependent processes, leading to effective interventions for transformation into the health care model.<sup>19</sup>

It is also apparent from the statements of the participants that the teaching-service integration is more strengthened in the primary care setting, since there is more insertion of teachers and discussion of how the school's contribution to the service may be, towards the counterpart.

*As part of basic care, teachers are much more involved in this practice, in this health care, starting with the indicators and discussing with the method [...] (PRO2/P2).*

This fact can be explained by the historical context. Since the formulation of SUS, there is more investment in this scenario, especially in family health, because it is the strategy considered as the basis for model change. In addition, policies such as the UNI Project and induction programs, such as PROMED, PRÓ-Saúde, PET-Saúde, among others, have made possible a more stimulating approach to integration with basic care as a means of providing curricular changes in settings outside hospitals. These strategies have been fundamental for the effectiveness of teaching-service integration, as subjects transcend their individual knowledge to professional and institutional thinking, based on new ways of producing health.<sup>15</sup>

However, it must be considered that the simple insertion of students in the primary care settings does not guarantee the existence of another model of care, since, although the ESF presupposes a logic of health surveillance, the model is still heavily patterned in meeting the demand.<sup>19</sup>

Despite the low investment in teaching-service integration in the hospital area, this scenario is important for students to experience the operationalization of SUS principles at different levels of care, contributing to the nursing training logic that permeates the construction of the health system as a network of hierarchical services, which have as basic center the attention, in the search for integrality of care.<sup>20</sup>

In this respect, the participants indicate that there is progress in the discussions of the partnership with the hospital scenario, starting from the vision of its insertion in the health care network of the SUS. These negotiations make it possible to link education and care, discouraging the technician tendency of the student's presence in care units.

*Hospitals are getting a better partnership, a better negotiation, it is with that look, to understand that the hospital is within this Unified Health System, that we are not only there to do procedures [...] And without these negotiations with the service we end up being a mere manpower there. If we do not have a partnership, that thing is unrelated, is not it? (PRO4/P2).*

Thus, in order for the potential of the teaching-service integration in the transformation of care practices to be effective, reflecting the quality of the care provided,<sup>19</sup> it is necessary to advance in the guarantee of spaces of dialogue, in the involvement of the actors, in the sharing of decisions and in the training and valuation of professionals.<sup>20</sup>

It is understood that, whatever the scenario of attention in which the student is inserted, it is necessary that the principles of the SUS are permeating the care and, consequently, the teaching. Emphasis is given to integral care and social participation, with emphasis on interdisciplinary, multiprofessional and transdisciplinary work.

## FINAL CONSIDERATIONS

After a few years of elaborating the assumptions of the SUS and the publication of curricular guidelines, it is observed that the process of changes that has been occurring in the training of nurses in the studied institutions has evolved between tensions and contradictions, characteristic of something changeable.

Undeniably, the integration-teaching service is fundamental for the consolidation of SUS as a computer for the training of nurses. With this study, it was concluded that this integration walks immersed in complex movements. It is observed that diversification of the scenario has occurred in addition to the hospital environment, with insertion in primary care, to attend SUS-oriented training, highlighted in the participants' statements and identified in the PPCs of the courses studied. The agreements and institutional contracts that are independent of the political conjuncture of the institutions are understood as essential for effective teaching-service integration, as well as guaranteeing formal spaces for discussions and participation of the teams in the planning of education actions, making it possible to train professionals in the SUS for the SUS. The teaching-service integration in basic care has been more consolidated, but it is identified with concern with the broader perspective of the partnership also in the hospital setting. With the insertion of the academy in the health services, its contribution is expected with reflections on the work processes for transformations in the daily practices. However, this aspect has occurred in an antagonistic way with successful experiences of the contribution of the academy in the care process and experiences that did not obtain the expected impacts on the teams. It is understood that the process of teaching-service integration is surrounded by complexities and subjectivities that require frank discussions so that the mismatch between academic and care intentions can be overcome, being a constant challenge that demands new propositions and directions.

The present study has as limitation the fact that it was only carried out in one state and included courses that have the differential of having obtained three or more grade in the SINAES or belong to the public teaching institution, which does not allow the generalization of the results found. However, it is hoped that the results will be triggers for discussions in other realities, as well as instigating the development of new studies, with other inclusion and exclusion criteria, so that dif-

ferent views are possible for the importance of the teaching-service integration in the training of nurses.

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