



# The academic formation from the perspective of popular education and humanization in health: report on the experience of the Community Health discipline

## A formação acadêmica a partir da perspectiva da educação popular e humanização em saúde: relato de experiência da disciplina Saúde da Comunidade

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### Abstract

**Objective:** To report how a discipline of the Nutrition course, at the Federal University of Rio de Janeiro (UFRJ), Macaé Campus, starts academic training from the perspective of humanization and the principles of popular education in health. **Methodology:** It is an experience report of the first-term discipline called “Community Health”. To build this report, the guiding documents were the National Policy for Humanization, *Reports of Popular Education in Health*, National Curricular Guidelines of Nutrition Undergraduate Course and the Pedagogical Project of the Course. **Results:** The discipline has a mostly practical workload and involves fields of action of primary healthcare, such as Family Health Strategy, and basic protection, as a Reference Center for Social Assistance. The students’ experience in these services enables them to approach reality and to know the demands, potentialities and difficulties of health work, aiming at the training of generalist, humanist and critical professionals, as recommended by the documents analyzed. The discipline is based on an innovative pedagogical approach, with a dialogical exhibition of contents, movies and documentaries to foster discussions and exposition of concepts. In addition, as a resource of the teaching-learning process and evaluation, the portfolio is used to stimulate reflective thinking and train professionals able to provide comprehensive and humanized care. **Conclusion:** Through a dialogical methodological approach of an interactive and active character, it is sought to begin the formation of general

practitioners within a more complex and humanized and less biologicist perspective.

**Keywords:** Humanization of Assistance. Health Education. Public Health.

## Resumo

*Objetivo:* Relatar como uma disciplina do curso de Nutrição, da Universidade Federal do Rio de Janeiro (UFRJ), *campus* Macaé, inicia a formação acadêmica, a partir da óptica da humanização e dos princípios da educação popular em saúde. *Metodologia:* Trata-se de um relato de experiência da disciplina, do primeiro período, denominada “Saúde da Comunidade”. Para a construção desse relato, utilizaram-se como documentos norteadores a Política Nacional de Humanização, *Caderno de Educação Popular em Saúde*, Diretrizes Curriculares Nacionais do Curso de Graduação em Nutrição e o Projeto Pedagógico do Curso. *Resultados:* A disciplina possui carga horária majoritariamente prática e envolve campos de atuação da atenção básica em saúde, como Estratégia de Saúde da Família, e da proteção básica, como Centro de Referência da Assistência Social. A vivência dos alunos nesses serviços possibilita que os mesmos se aproximem da realidade e conheçam as demandas, potencialidades e dificuldades do trabalho em saúde, visando à formação de profissionais generalistas, humanistas e críticos, conforme preconizado pelos documentos analisados. A disciplina pauta-se em uma abordagem pedagógica inovadora, com exposição dialogada de conteúdos, filmes e documentários para fomento de discussões e exposição de conceitos. Além disso, como recurso do processo de ensino-aprendizagem e avaliação, utiliza-se o portfólio, para estimular o pensamento reflexivo e formar profissionais capazes de prestar atendimento integral e humanizado. *Conclusão:* Através de enfoque metodológico dialógico de caráter interativo e ativo, busca-se iniciar a formação de profissionais generalistas dentro de uma perspectiva mais complexa e humanizada e menos biologicista.

**Palavras-chave:** Humanização da Assistência. Educação em Saúde. Saúde Pública.

## Introduction

Significant advances were observed in the Unified Health System (SUS) from its idealization to current moments, such as the construction of a care model based on integrality of actions, regionalization of services and popular participation. The training of health professionals must respond to these changes, focusing especially on qualified and humanized training, in order to improve health actions and services within the SUS.<sup>1,2</sup>

In Brazil, the need for changes in the health care model gained strength with the health reform movement in the late 1970s. The current health model in the country, until then, was characterized by centralized health practices, which focused on medicalization, hospitalization and curative care. This scenario highlighted the need for the decentralization of health services, the humanization of care and integral care, which has been happening since the creation of SUS in 1988 to the present day.<sup>3</sup>

With the publication of the National Humanization Policy (HumanizaSUS), new proposals for the implementation of the doctrinal and organizational principles of the SUS have been implemented in daily life of health care practices, in order to qualify public health in the country and encourage more exchanges between managers, users and professionals.<sup>4</sup>

The humanization proposed in the directives that guide the SUS seeks to break down barriers of different knowledge / interests and to focus on the relationship of professionals, users and managers. As it is stated in the National Policy: “humanizing is to offer quality care, articulating the technological advances with the reception and with the improvement of care environments and the working conditions of the professionals”. In addition, issues such as enhancement of the work environment, establishment of links with users, qualified listening, participation and social control stand out as important practices in HumanizaSUS.<sup>4</sup>

Based on this scenario, health education courses should promote humanization as a teaching strategy in the curriculum, in order to form human resources that work in health production based on SUS principles, idealized in the Brazilian health reform movement.<sup>5</sup>

In this perspective, the curricula of the undergraduate courses should extrapolate the educational approaches of a content nature beyond the field of biological sciences, stimulating a student training sensitive to the social, economic and cultural reality of the population. Among the important limitations observed in some curricular contents, there is the disarticulation between theoretical contents, especially characterized by classroom and practical lectures, that lead the experience of the students to the services and the involvement of them with the routine of these places. This ends up limiting the teaching-learning process.<sup>5,6</sup>

The pedagogical project of the Nutrition course of the Federal University of Rio de Janeiro (UFRJ), Aloísio Teixeira Campus (Macaé-RJ), follows the model proposed by the National Curriculum Guidelines of the Undergraduate Course in Nutrition<sup>7</sup>, which advocates generalist, humanist and critical education. In addition, the structure of undergraduate courses should seek to ensure the articulation of theoretical and practical activities from the beginning of the academic formation.

Thus, from the first academic period, through the Community Health discipline, students make contact with the SUS and the Unified Social Assistance System (SUAS), acting in the basic care through the experience in the Basic Health Units (UBS) and in the basic social protection, through the Social Assistance Reference Centers (CRAS).

The theoretical reference of the discipline, in the classroom, is based on Paulo Freire's pedagogical transformation,<sup>8</sup> which inspires the process of popular education in health based in a process of dialogued education of interactive and active character. The students enjoy their autonomy and responsibility with health, enabling the construction of more appropriate ways to promote, maintain and recover individual and collective health.<sup>9</sup>

Through the dialogued exhibition of contents, films and documentaries - for example, the history of public health in Brazil, the different health models of other countries and interviews with professionals and managers -, discussions and exposition of concepts are fomented collectively by the group, through the elaboration of time lines, conceptual maps, case studies and group dynamics.

In view of the Brazilian education model, in the majority of institutions of higher education, there is still a strong presence of banking education, where there is a preceptor (teacher) who has the dominant knowledge and deposits it on the receiver (student), which assumes a passive attitude towards the teaching-learning process.<sup>9,10</sup>

The teaching staff of the Community Health discipline seeks to provide a new model of education with a participatory dialogic approach that, in addition to scientific and technical knowledge, stimulates a critical / reflective and humanized view, especially through real case studies that lead the students to problematize and expand the concept of health-disease on the reality of the population and the health services of certain territories. As, for example, there is the case study published by Rosemberg & Minayo,<sup>11</sup> which produces recognition of other orders of determination in the disease beyond the merely biological diagnosis.

In view of this, it was aimed to report how a discipline of the undergraduate course in Nutrition, Federal University of Rio de Janeiro (UFRJ), Macaé *campus*, seeks to initiate the academic formation of the course from the perspective of humanization and the principles of popular education in health.

## Methodology

The internalization of teaching in Brazil has gained strength in the last ten years, with the encouragement of programs to expand higher education. This process allowed the entry of students residing outside the large urban centers, where the main Brazilian universities are located. In addition, there were important contributions to the regions where the academic units were inserted, since teaching, research and extension activities constitute the tripod of higher education institutions and promote articulation with the community.<sup>12</sup>

The UFRJ-Macaé *campus*, located in the Northern region of the state of Rio de Janeiro, is an advanced *campus* of the Federal University of Rio de Janeiro. Since 2009, it has four courses in the health area: Medicine, Nursing, Nutrition and Pharmacy.

The Nutrition course of the UFRJ-Macaé *campus* has two annual full-time entries, with approximately 40 students per semester. The Pedagogical Project of the Course focused on the construction of a non-departmental course, inserted in an interdisciplinary proposal, centered in the curricular flexibility, dismantling the disciplinary vision and focusing on the construction of the integration between University and Society. The Community Health discipline, offered in the first period of the undergraduate course in Nutrition, represents the first contact of the students with health services. It promotes the ambience and the insertion of the students in different realities, besides allowing the application of the contents and concepts constructed in the classroom.

For the construction of this experience report, guiding documents were included and taken as institutional references and concepts of humanization and popular education, namely: the National Humanization Policy, the *Reports of Popular Education in Health*, the National Curricular Guidelines of the Nutrition Undergraduate Course and the Pedagogical Project of the Nutrition Course of the UFRJ-Macaé *campus*. These documents were used as the theoretical basis of the study and to analyze the discipline itself in relation to its proposal of pedagogical methodology.

## Results and Discussion

### Community Health Discipline

The Community Health discipline is aimed at the students of the first period of the course. It has a total workload of 150 hours, of which 30 hours are of theoretical content and 120 hours of theoretical / practical content.

The first moment of the discipline, which corresponds to 30 theoretical hours, includes content work, such as: conception of the health / illness process; territory in health; social determinants of health; social politics; historical construction and structuring legislation of SUS; participation

and social control; popular education in health; and professional ethics. Through participative activities, the faculty tries to problematize with students the basic principles of Collective Health in the scenario of SUS, basic care and social assistance.

The didactic procedures are based on active methodologies,<sup>13</sup> thought by the faculty as a practice of liberating education for the formation of an active professional, able to learn. They are based on the principle of autonomy, based on the methodological framework of Paulo Freire,<sup>8</sup> which advocates the dialogical practices between the subjects of the teaching-learning process, the respect to the cultural baggage and the knowledge built in the community practice. The form of teaching and evaluation will be discussed later.

The second moment corresponds to 120 hours of theoretical and practical contents, when the theoretical contents base the visit to the practical fields. Classroom meetings with all students take place on Mondays, and the field trips on Wednesdays. During Monday's classes, important concepts are worked on helping students and preparing them for the practical environment. Issues such as the expanded conception of the health-disease process - based on the philosophical view of Georges Canguilhem,<sup>14</sup> that qualifies the look on the concepts of health and illness beyond what they have already apprehended -, some social indicators of the municipality, health territory and teamwork are central issues that underpin the lessons that precede the visit to the services. These correspond to the Family Health Strategy (ESF) and the Social Care Referral Center (CRAS). In all, there are two ESF and two CRAS; the class is divided into four groups of ten students each, with four responsible teachers.

The CRAS and the ESF are located in the same territory, and the students are divided so as not to overload the services. After a certain number of visits, rotation occurs in the discipline between students and practical fields, and those who started the ambience in the ESF go to the CRAS and vice versa.

### Practical fields of the discipline

The division into theoretical and practical moments promotes a differentiated process in the proclamation of the contents that make up the discipline. Through the application of a model that escapes the traditional conception of teaching, activities are promoted within and outside the classrooms, aiming at the formation of qualified professionals who are able to develop a sensitive eye and an attentive and critical listening, politicizing and humanizing the SUS action.

Considering that health is the product of the interaction of several social factors, and that these are directly reflected in the conception of the health of the population in the practical fields of the discipline, the students are directed to the understanding of the importance of Primary Care in SUS. In addition to having the opportunity to experience the reality of Primary Care in

practice, they reflect their theoretical definition, which is summarized in a set of actions that give practical consistency to the concept of health surveillance, an indicator that articulates knowledge and techniques from planning, redefining health practices, articulating the bases of promotion, protection and assistance, in order to guarantee the integrity of care.<sup>15</sup>

Primary Care and protection represent a field of intersection between SUS and SUAS, where both spaces converge towards the same goal: the promotion of health and the reestablishment of affective and social bonds. Actions are strengthened supporting the autonomy of individuals, family and community, considering the common performance of both systems on the social and health determinants in the same territory.

Gradually, the interpretation of the relevance of Primary Care becomes a great target of reflection of the practical fields, in which the students begin to know, in practice, the life reality of the population. It allows them to envision the health work scenario, taking into account socioeconomic, cultural and environmental characteristics, in order to identify the demands of the population of a specific territory.<sup>16</sup>

Thus, to qualify the health professional by presenting the relationship between social characteristics and health is one of the tasks of the practical fields in the ESF and CRAS. The ESF is a model that seeks to reorganize the Primary Care according to the principles established by the SUS. In the practical field of the ESF, the undergraduate students follow the work routine of the health professionals, especially the nutritionists who are part of the NASF (Family Health Support Unit), a structure linked to the Basic Health Care that seeks to subsidize and qualify the attention and health management in the ESF. Its guideline is to support family health teams, expanding their capacity to share and exercise coordination of care.<sup>17</sup>

In addition, in the practical field of the ESF, follow-up activities are carried out for families who are at risk. The so-called home visits are carried out in the homes of assisted families and under the responsibility of the ESF. Students are divided into smaller groups according to the number of community agents - who carry out the visits - available at the ESF. Along the way until the arrival to the residences, the group experiences the social reality in which the families are inserted. The neighborhoods where the two ESFs are located in the municipality are of high social vulnerability, and when students walk through this environment, they face the precarious conditions of basic sanitation, garbage collection and public safety. It reinforces the concepts of social determinants constructed in the classroom.

During the visits, the undergraduate students follow all the attendance procedures, where the principles of health education are worked out, especially the observation of the reality of that family and the “knowing how to listen”, the qualified listening. It is a moment of exchange of knowledge among teachers, undergraduates, health professionals and the population, which reinforces the

principles of popular education listed by Paulo Freire in the *Reports of Popular Education in Health*.<sup>9</sup>

CRAS, the gateway to SUAS and other city assistance services, has a technical team composed of social workers and psychologists.<sup>18</sup> In the practical field, the students are presented with the unit's work model, the team, the functioning and the ways of directing those families where there is already a rupture of bonds.

In CRAS, in addition to carrying out leisure and educational activities with children, work activities with the elderly, which constitute the service of coexistence and strengthening of ties, clarifications and guidelines on the social rights of families assigned by the government are also carried out. Individual attendances are also held, which aim to clarify and support families regarding access and use of social rights provided by law. In the unit, the Cadúnico (Single Registration for Social Programs) is completed, which is a system that identifies and characterizes low-income families, so that they can access the social programs of the Federal Government.

During registration, undergraduates have the opportunity to follow the procedure and interpret the data that show the socioeconomic reality of these families, bringing information about the whole family, the characteristics of the home, the ways of accessing essential public services and the data of each of the family components. Through this information collection, students can analyze social factors as, in fact, a reflection on the health of the population.

During the visit to CRAS, besides understanding the routine of the team, the services of coexistence and strengthening of bond involving children aged from 0-6 years old, and the registration of families for the social programs of the federal government, through the CRAS social worker, students visit the CRIAAD (Center of Integrated Resources for Adolescent Care) - linked to the General Department of Socio-educational Actions (Degase) - which executes legal measures applied to adolescents in conflict with the law. This visit to CRIAAD makes it possible to understand how the work of CRAS is important for basic protection and strengthening the family bond, once this bond is dissolved, the chance of institutionalization increases in places such as the CRIAAD, shelters, and host family, among others. Knowing the life history of adolescents, in addition to the educational work done by agents and employees, sensitizes students and qualifies them for a better understanding of social determination and human rights.

Therefore, the practical fields of the Community Health discipline are spaces that aim to allow the sharing of experiences, professional experience and communication between undergraduates and the population, promoting the construction of a SUS that meets the demand of the population from the University education. In addition, the students are inserted in certain territories and learn about the social and health facilities available for the professional's performance.

Although the experience takes place in the ESF and CRAS, there is recognition of this territory and other mechanisms for professional networking. Thus, the dialogue between social assistance



and health is the result of the construction of an expanded health concept that considers the fundamental social determinants for the promotion of individual and collective health.

## Community Health Monitoring

Considering the time load, dynamic approaches between theory and practice, theoretical-practical construction and the quantitative of undergraduates, the discipline currently has three active monitors. This monitoring body, of a multiprofessional nature, is composed of a student of Nutrition, one of Nursing and one of Medicine. These activities facilitate the communication between teachers and students, and work as support elements in the activities demanded.

During the semester, monitoring takes place on established day and time of the week. The days are distributed in meetings to answer doubts, pre-assessment monitoring and special monitoring. The meetings to answer doubts are directed to the elucidation and explanation of the subjects approached according to the demand of the students, in which the monitors make a round of presence. Pre-assessment monitoring occurs prior to the theoretical evaluation and portfolios delivery with the presence of all monitors. Special monitoring is focused on discussions on current issues related to health care - such as the proposed implementation of popular health plans -, and all monitors also participate. Built as a dynamic space and as a tool with a potential mechanism of production and sharing of knowledge, they become a differential within the academic environment.

In addition to the walls of the university, the monitoring reaches the graduates within their daily activities, as they relate through profiles on social networks. The posts are informative about the actions and exercises that involve the discipline, the reality of the SUS, publicizing events on Collective Health, propagation of campaigns of the Ministry of Health and news regarding the concept, practice and structuring of health in the country and the relationship between the health professional and the user.

On the contributions of the discipline to the training of the student-monitor, it provides valuable experiences, by rescuing the importance of the human relationship within health care activities. In addition, it makes it possible to maintain the construction of the trained professional to understand the demands of the places they visit and it rekindles the conception of social actors in the development of a quality health system, committed to the rights of citizens, SUS and shared knowledge construction. To the monitors with a view to the higher education teaching, it allows them to be composers in the development of pedagogical planning actions, in the execution of activities and educational support through the monitoring, guaranteeing them theoretical-practical frameworks that can be used in the individual and collective formation of future teachers and health professionals.

## Evaluation of the teaching-learning process

The assessment of the teaching-learning process should be guided by the implementation of methodologies that encourage the student to reflect on social reality and build knowledge based on “doing”. It reinforces the importance of adopting pedagogical strategies that stimulate the knowledge, the doing, the living for the development of skills and competences that are essential for the training of health professionals.<sup>19</sup>

Fleeing from the traditional conception of teaching, as a method of evaluation, the discipline uses a model based on the experience lived through the construction of portfolios. The use of the portfolio<sup>20</sup> as a method of evaluation of the teaching-learning process aims to analyze how the students assimilate the concepts addressed in the theoretical classes and how they relate them to the experiences lived in the practical fields.

In the portfolio, the content of the theoretical and practical models must be consolidated, where, in a subjective way, the graduates report the knowledge and the experiences acquired with the discipline. As a way of exposition, the discipline allows exposing the knowledge acquired in a creative way, and students are encouraged to use alternative materials for the construction of the portfolio, such as colored sheets, drawings, photos and paintings.

The United Nations Educational, Scientific and Cultural Organization (Unesco) listed the main competencies needed for vocational training: learning to be, learning to know, learning to do and learning to live together. The competency-based educational process promotes the construction of skills that favor the personal and professional training of students.<sup>2</sup>

By promoting the teaching-learning process based on the “learn-to-do” competency, the portfolio is a useful tool not only for performance evaluation, but also for the building of skills, attitudes, capabilities and abilities that are important skills for individual and collective growth.<sup>19</sup> Thus, the discipline, which seeks at all times to introduce the theme of Popular Education and Humanization in SUS, also uses evaluation resources that value subjectivity, creativity and sharing of experiences, as necessary tools for thematic addressed and of great potential to the teaching-learning process in the training of Nutrition students.

## Difficulties for planning and operationalizing the discipline

Because it is a discipline that demands four responsible teachers in different practical fields, it requires a lot of articulation on the part of the teachers of the Collective Health Nucleus of the Nutrition course, who seek to maintain the pedagogical model of theoretical-practical articulation in all the semesters, even in the face of the difficulties in relation to the workload.

In addition, in all the semesters, some limitations are observed on the part of the services, due to the daily routine of work, which presents unforeseen events, and currently, with the economic crisis experienced in the State and in every country, some obstacles have become preponderant, such as the non-offering of some activity due to lack of financial resources and the lack of remuneration and workload of many professionals who receive students in services.

In general, students positively evaluate the discipline at the end of the semester, especially in relation to the preparation of the portfolio, which is a new experience for the vast majority of classes. And even in the face of some difficulties, the faculty strives to maintain the format of the Community Health discipline, because they understand the importance of this initial moment of the course in the academic formation of these students.

## Conclusion

Disciplines such as Community Health seek to repair gaps between the student's education and the profile of competencies required for action in the SUS. The importance of the training of general practitioners is reinforced, within a more complex and humanized, and less biologicist perspective.

In addition, the dissemination of innovative pedagogical experiences in scientific circles can serve as a basis for further courses designed to promote curricular reforms in order to build more integrated disciplines that are concerned with the training of qualified learners.

## Contributors

Cordeiro RA, Arouca IR, Terto TL, participated in the writing and final approval of the manuscript. Monteiro LS, Rizzo TP, contributed to critical content review and approval of the final version of the manuscript. Sperandio N participated in the conception, writing and critical revision of the intellectual content and the approval of the final version of the manuscript.

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