



PRÓ-SAÚDE, PET-SAÚDE E A FORMAÇÃO DOCENTE – REVISÃO DIALÓGICA DA LITERATURA

PRO-HEALTH, PET-HEALTH AND TEACHER TRAINING – A DIALOGICAL REVIEW OF THE LITERATURE

PRO-SALUD, PET-SALUD Y FORMACIÓN DOCENTE – UNA REVISIÓN DIALÓGICA DE LA LITERATURA

Mayara Suzy Santana Camelo¹, Jefferson de Souza Bernardes²

RESUMO

Objetivo: Esta pesquisa se propôs a investigar as práticas docentes e a formação profissional no Pró-Saúde e PET-Saúde por meio de revisão de literatura dialógica. **Método:** O referencial teórico-metodológico foi o das Práticas Discursivas e Produção de Sentidos. **Resultados:** A análise dos repertórios linguísticos deu origem a três temas-foco: ensino-serviço, Pró-Saúde e Pet-Saúde, e desafios. No primeiro tema-foco, ensino-serviço, os repertórios identificados trataram das caracterizações e concepções de ensino-serviço, sendo elas: potência, processo em construção e metodologia. Concluiu-se que integrar ensino e serviço possibilitou mudanças significativas nos modos de aprender e ensinar. No segundo tema-foco, os programas Pró e PET-Saúde foram caracterizados enquanto programas indutores de mudanças na formação profissional. Por fim, o terceiro tema-foco referiu-se aos desafios encontrados nas experiências relatadas nos documentos. **Conclusão:** As iniciativas para as modificações formativas são cíclicas, processuais e em constante construção, fortalecendo e sendo fortalecidas pelas implicações e protagonismo dos/as atores/atrizes envolvidos/as. Entretanto, houve pouca discussão nos documentos identificados sobre a formação docente.

Palavras-chave: Capacitação de Recursos Humanos em Saúde; Sistema Único de Saúde; Planos e Programas de Saúde.

ABSTRACT

Objective: This research proposes to investigate teaching practices and professional training in Pro-Health and PET-Health through a dialogical review of the literature. **Method:** The theoretical-methodological reference is that of the Discursive Practices and Production of Senses. **Results:** Analyzing the linguistic repertoires gave rise to three focus themes: teaching-service, Pro-Health and Pet-Health and challenges. In the first one, teaching-service, the identified repertoires deal with the characterizations and conceptions of

¹ Graduada em Serviço Social pela Universidade Federal de Alagoas (UFAL). Especialista em Gerontologia Social pela (UFAL).

teaching-service, namely: power, process under construction and methodology. It is concluded that integrating teaching and service allows for significant changes in ways of both learning and teaching. In the second theme, the Pro and PET-Health programs are characterized as plans that induce changes in professional training. Finally, the third focus theme refers to the challenges faced within the experiences reported in the documents.

Conclusion: The initiatives for formative changes are cyclical, procedural and in constant construction, strengthening and being strengthened by the implications and protagonism of those involved. However, there is little discussion within the identified documents on teachers' education.

Keywords: Health Human Resource Training; Unified Health System; Health Programs and Plans.

RESUMEN

Objetivo: En este contexto, aquí se investiga la formación profesional y las prácticas docentes en Pro-Salud y PET-Salud por medio de una revisión dialógica de la literatura. **Método:** La fundamentación teórico-metodológica es la de las Prácticas Discursivas y la Producción de Sentidos. **Resultados:** El análisis de los repertorios lingüísticos originó tres temas focales: "enseñanza-servicio", "Pro-Salud y Pet-Salud" y "desafíos". En el primer tema-foco, enseñanza-servicio, los repertorios identificados tratan de sus caracterizaciones y concepciones: poder, proceso en construcción y metodología. Se concluye que integrar la educación con el servicio permite cambios significativos en los modos de aprender y enseñar. En el segundo tema-foco, los programas Pro y PET-Salud se caracterizan como programas inductores de cambios en la formación profesional. Por último, el tercer tema-foco se refiere a los desafíos encontrados en las experiencias relatadas en los documentos. **Conclusión:** las iniciativas para las modificaciones formativas son cíclicas, procedimentales y están en constante construcción, fortaleciendo y siendo fortalecidas por las implicaciones y el protagonismo de los actores involucrados. Sin embargo, es escaso el debate sobre la formación docente.

Palabras-clave: Capacitación de Recursos Humanos en Salud; Sistema Único de Salud; Planes y Programas de Salud.

INTRODUCTION

The Unified Health System (Sistema Único de Saúde, SUS) is the main originator of the health professionals' training; the implementation of policies and programs to supply this demand was responsibility of to the Health Ministry. The creation of the Secretariat of Management for Health Work and Education (Secretaria de Gestão em Trabalho e Educação em Saúde, SGTES), in 2003, enabled the integration of management policies, training, and qualifications of the health workers.

From this, the National Policy on Health Continuing Education emerged, which aimed at modifying the health practices and education with the objective of transforming the service and management network into a school network.

The relationship between the Health and Education Ministries was primordial in this process. As a product of the articulation between the SGTS, the Secretariat of Higher Education (Secretaria de Educação Superior, SESu) and the Anísio Teixeira National Institute for Educational Studies and Research (Instituto Nacional de Estudos e Pesquisas Educacionais, INEP), in 2005 the National Program for Reorientation of Health Professional Training (Pro-Health) was created, aiming at the reorientation of the professional training lined up with the population's needs, based on the Teaching-Service Integration strategy.¹ The guiding axes of Pro-Health were Theoretical Orientation, Practice Scenarios and Pedagogical Orientation.

The creation of the Health Work Education Program (PET-Health) in 2007 was based on the advances made with Pro-Health and the Tutorial Education Program (PET MEC/Sesu).

This article sought to understand what the literature produces on the movements that allowed the emergence of these programs and to reflect on the meanings produced in the training of students, professionals and teachers. It was a clipping of a scientific initiation project ("Training and Teaching in times of inductive policies: the experiences in Pro-Health and PET-Health") that took place between 2017 and 2018.

METHODOLOGY

The methodological-theoretical reference used in this research was the Discursive Practices and Production of meanings, based on Social Constructionism.² The literature review was guided by the Dialogical Review of the Literature.^{3,4}

Social Constructionism stands pragmatically in language, breaking with the scientific representationist tradition of the phenomena. Language is understood as a way of action in the world, a practice, thereby the focus in its uses. It is through it that we build and assign meaning to the world we live in. Social construction is not exclusive of an individual or group, but what it is produced from the sharing among different subjects, voices, etc.²

The discursive practices refer to the "moments of significations, of ruptures, of production of meaning, that is, it corresponds to the active

moments of language use".^{5:26} The language in use is the starting point to analyze its performativity and its conditions of production, as well as the historical constructions for the emergence of the discourses. The analysis is performed on the linguistic repertoires, which are the words, vocabulary, expressions, and language figures that configure the language in use in a given context.

The Dialogical Review of the Literature offers the possibility to enter in a dialog with contexts that are connected: "I read and write the review building connections, exploring the patterns and the interactions among the texts. I organize them so that they "talk" to each other, debating and arguing in a respectful way".^{3,4}

RESULTS

Finally, two movements were performed: 1) bibliographical research in the databases; and 2) production of charts to organize all the information related to these documents, archiving each one digitally. Table 1 presents the search procedures adopted in each database.

Chart 1: Bibliographical Survey by Database and Descriptors.

Database	Descriptors				Total
	PET-Health AND Pro- Health	PET-Health AND Continuing Education in Health	Pro-Health AND Continuing Education in Health	PET-Health AND Pro- Health AND Continuing Education in Health	
São Paulo's (USP) Virtual Library	35	13	24	9	81
Virtual Health Library (Biblioteca Virtual em Saúde, BVS)	21	6	9	3	39
CAPES Portal	21	5	6	0	32
TOTAL	77	24	39	12	152

Source: Authors, 2019.

The bibliographical surveys from the University of São Paulo (USP) Virtual Library, from the Virtual Health Library (*Biblioteca Virtual em Saúde*, BVS) and from the CAPES Portal resulted in 134 documents. From there, after discarding the repeated documents and also those that did not fit the objectives of this this research, 44 documents remained for analysis.

The documents were organized in charts according to the following categories: authors, title, date (year), journal/edition, type (article, dissertation, monograph or thesis), country, reference and abstract.

Two dimensions of analysis were important to understand the documents: 1) analysis of the production; 2) analysis of the linguistic repertoire and abstracts.^{3,4}

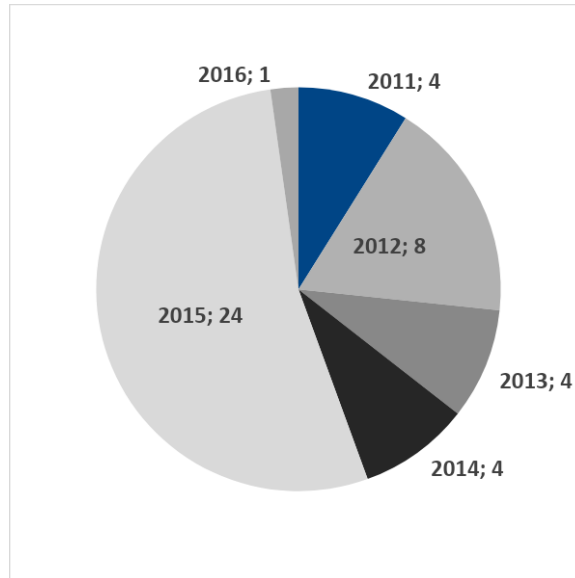
DISCUSSIONS

Analysis of the Production

Based on the 44 documents found we could note that the earliest ones are from 2011 (6) and the latest ones are from 2016 (1), 2015 being the year in which more documents were found (24), according to Graphic 1. Regarding the type of document, 37 articles, 5 textual/editorial resources, and 2 dissertations were identified.

The *Interface: Comunicação, Saúde e Educação* journal was the one which obtained more publications (27), followed by *Ciência e Saúde Coletiva* (5), *Revista Brasileira de Educação Médica* (4), and *Revista Brasileira de Promoção em Saúde* (2). *Investigación y Educación en Enfermería*, *Revista da Universidade Vale do Rio Verde* and *Revista Médica de São Paulo* obtained 1 publication each.

Graph 1: Number of Publications per Year



Source: Authors, 2019.

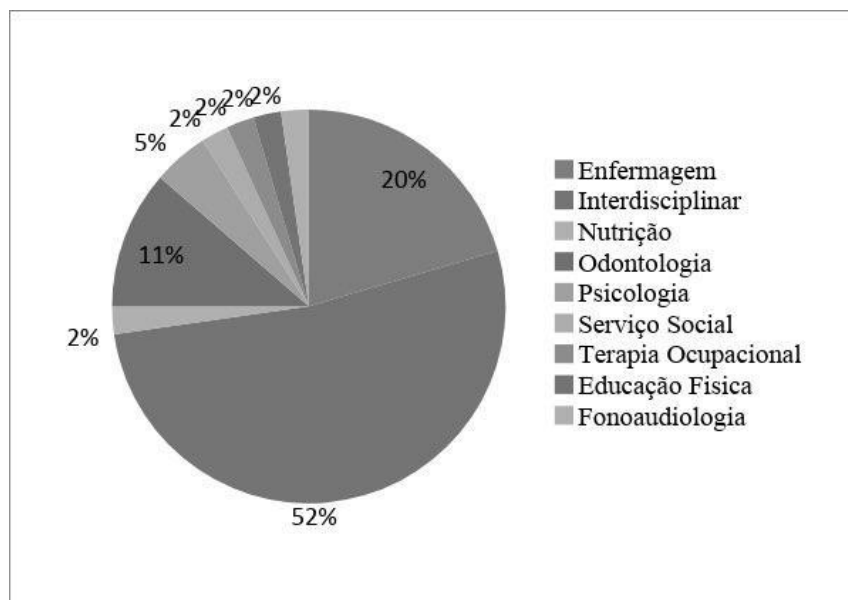
The *Interface* journal was first published in 1997 and came as a result “of that movement of intense creation and experimentation around integration projects among the university, the community and the health services, in the medical training and graduation”.⁶ Since 2010, the journal has been characterized as directed to education and communication in the health practices and in the training of health professionals. Of the 27 publications indexed in this journal, 22 were from 2015. The high rate of publications in the journal in this period is due to the fact that a Thematic Supplement and Book was published (“Successful experiences of health education in Health Care networks and interprofessionality: the PET-Health groups and the change in undergraduate health courses”).

The results also pointed to the concentration of production in the Nursing and Dentistry courses at the expense of other health areas like Physical Education, Speech Therapy, Social Service, Nutrition and Psychology, according to Graphic 2.

Most of the documents possessed an interdisciplinary character, encompassing authors from two or more knowledge areas, which agreed with the character of the journal with the most publications. It can be highlighted, still, the strong prevail of the areas of Medicine (in 16 out of 23

there was at least an author of the area), Psychology (9/23), Nursing and Dentistry (8/23, of each area).

Graph 2: Results of the Bibliographical Survey (USP, CAPES and BVS) by Knowledge Area.



Source: Authors, 2019.

Areas such as Occupational Therapy, Social Service, Physiotherapy, Physical Education, Biology and Administration also appeared in the documents, although with less prevalence.

Analysis of the Linguistics Repertoires

The analysis of the linguistics repertoires was performed with the titles and abstracts of the documents as a base, giving rise to a table with three focus themes: "Teaching-service", "Pro and Pet-Health" and "Challenges", according to the excerpt from Chart 2.

Chart 2: Excerpt From the Chart With the Identified Linguistics Repertoires.

Teaching-service			Pro and Pet-Health	Challenges	
Power	Under-constructions process	Methodology	Inductive	Formative	Work processes
"teaching-service integration" is broadly conceived as "teaching, management, care and social control"	"nonexistent integration of teaching – care – management – social control, or at the most, an incipient and under-construction process, with gaps in articulation with the management of the services and social control"	"The deficiencies in the training of undergraduate nurses to work in PHC can be corrected with the application of theoretical and practical teaching strategies in the universities."	the possibilities would be: inter-professional work, reevaluation of practices and contribution to training. The challenges include the following: pedagogical unpreparedness, inter-professional work and deficiency in the infrastructure.	Processes of change in the training of the health professionals	Challenges and possibilities in the exercising of preceptorship

Source: Authors, 2019.

First Focus Theme: Teaching-Service

In this first focus theme, the identified repertoires dealt with the characterization and conceptions of the teaching-service. Teaching-service integration is a collective work agreed upon and integrated among the several actors that make up the health network, aiming at the quality of individual and collective health care, at the quality of professional training and at the development/satisfaction of the workers of the services.⁷

Three basic characteristics stand out in the analysis of this focus theme. Teaching-service was presented as "power", "a process in construction", and a "device".

Power refers to the strength, vigor, might,⁸ It was in this way that the teaching-service integration was addressed in some documents: as a "training power"⁹ or as a "latent power of transformation of the pieces of knowledge and doings lived in communion by the different authors involved".^{10:901}

In this sense, the policy of health continuing education should have an impact on the following: teaching, as an important tool for the technical and professional development and otherness with users; sector management, as governmental public policy; caring, in the planning and articulation of the network for the provision of quality services, agreed upon comprehensiveness and humanization; and social control, for the development of people's autonomy and the democratization of conduction and management of the health's policy. In this way, the "quadrilateral"¹¹ which composes training is formed. Thereby, the transformative potential of this strategy should not be limited to the spheres of the worlds of education and work; it should also expand to management, care, and social control.¹² Still according to this quadrilateral conception, the service would not be limited to the care practices, but it also would manage and conduct the organization policies of the sector; regarding the community, this component should not be limited to the integration with the population and, finally, in the teaching field, we must highlight the articulation with the students movement as the main political actor of the Higher Education Institutions (HEIs).

The second characteristic of this focus theme was in its historical character. In the article entitled "Teaching-Service Integration in the process of change in Dentistry professional training"¹², although it dealt with the expansion of the teaching-service integration for social care-management-control, the authors reported that this is still an under-construction incipient process.¹²

For the health courses, although the SUS is currently the largest employer of health professionals, there is still a strong ideal to work in the private sector. Based on this, student protagonism declines and the relations between the university and the health services remain fragile. This weakness also arises with regard to the participation of the services in the curriculum change process of the health courses. At this point, it is worth noting that the relationship between the HEIs and the services must be established horizontally, which implies considering the interdependence

between teaching and service in order to expand the possibilities for joint reflections.¹³

To finalize this focus theme, there is the last characteristic that is to consider teaching-service as a theoretical-practical articulation device that can overcome the deficiencies in training.¹⁴ Again, there is the need to replace a purely technical and procedural methodology in favor of a device that provides socially and locally referenced education, which is attentive to the demands of the services and to the health needs of the population, in which the network ceases to be a space of application of practices and becomes a formative and transformative scenario.¹⁵

Curricular changes can, therefore, transform health professional training aiming to provide continuing and permanent education for health workers and teachers, development and learning of multi-professional work, teamwork strengthening, practice and knowledge sharing, and the humanization of the health services.¹⁵

There is, therefore, a feedback process regarding the relation between teaching-service integration and curricular changes: on one side, teaching-service integration is necessary so that the curricular changes in the health courses and in the future health professionals happen; on the other hand, it is also necessary for these curricular changes to make the teaching-service integration a reality.

Second Focus Theme: Pro and Pet-Health

The second focus theme has presented Pro and PET-Health as inductive programs. Pro-Health was launched in 2005 as an initiative that sought to reformulate the until then instituted training models – of an individual, specialist and hospital-centered character, into a transformative process that was in line with the demands of the SUS and which considered the population's needs.¹⁶ In its first edition, it was limited only to the Medicine, Nursing and Dentistry courses. Thus, it was configured as a strategy that aimed at teaching-service integration, valuing the integrality of care for the

user and reinforcing Primary Care. The insertion of further health courses only took place since 2007, with Pro-Health II.

Azevedo¹⁵ performed a review on the governmental models and public-private partnerships: throughout history, the governments fluctuated and sometimes pushed for private initiative proposals, sometimes in the health reform project, which had direct impacts on the population's health care (sometimes they created policies of social rights retraction, sometimes they promoted policies that guaranteed universal and egalitarian access, for example). Only more recently, since 2003, the Ministry of Health set out to accomplish with the ethical-political agenda of the health reform, in which the highlights were the following: the choice of professionals committed to the sanitary struggle to occupy the second echelon of the Ministry; changes in the organizational structure of the Ministry of Health; the extraordinary convention of the 12th National Health Conference (*Conferência Nacional de Saúde*, CNS) and its holding in December 2003; and the choice of the representative of the Unique Central of Workers (*Central Única dos Trabalhadores*, CUT) to take over the Executive Secretariat of the National Health Council. However, regarding the continuity of the privatist project, there was a focus on the precariousness and outsourcing of human resources and on the defunding of the Social Security Policy.

In this hybrid system, preoccupation with health training was innovative, considering the programs created: PROMED, Pro-Health and PET-Health. Thus, the reorientation programs in health strengthened.

As examples of programs that encouraged changes in undergraduate programs we can cite PROMED (Program to Encourage Curriculum Changes in Medical Schools); Ver-SUS (Experiences and Internships in the reality of the SUS), also in 2003, a program that sought to recognize the formative role of the SUS, considering it as a teaching-learning environment; AprenderSUS, in 2004, which included the integrality of health care as the guiding axis for the training; the National Program for Professional Health Reorientation (Pro-Health) in 2005, with its second edition in 2007, alongside with the Education Program for the Work in Health (PET-Health).

The creation of PET-Health in 2007 was based on the advances made with Pro-Health and PET MEC/Sesu, in order to strengthen the partnership between the Ministries of Health and Education alongside the Permanent Health Education Policy.¹

The Pro and PET-Health Programs are guided by the teaching-service integration and are configured as initiatives that materialize the principles advocated by the Professional Education in Health (*Educação Profissional em Saúde*, EPS), promoting the insertion of students in service networks, diversifying the scenarios of practices, innovating teaching methods, providing multidisciplinary teamwork, in-service learning and articulating training with the population's social and health needs.¹⁷

The latest edition of PET-Health, GraduaSUS traced the opposite movement to previous editions: if before there was a direct insertion in the services, now the movement is to think about the formative processes in favor of curricular changes that are aligned with the National Curriculum Guidelines and with the qualification of the teaching-service-community integration processes. This inversion encouraged services to approach the HEIs differently, enabling students, teachers, preceptors, workers, and users to turn inside the university to revisit their political-pedagogical projects.

Third Focus Theme: Challenges

Based on the analysis of the repertoires, we argue that the documents presented issues concerning the policy of reorientation of the training itself, the programs as experiences of teaching-service integration and reports of the experiences from students, professionals, and programs' preceptors. In these issues, several challenges were identified in the reported experiences: formative challenges and procedural challenges.

The formative challenges were the following: the change processes in the training of the health professionals, since they interferes with crystallized pedagogical practices and hierarchical relationships (teacher-

student, teacher-preceptor, preceptor-student or, in turn, HEI-service, teacher-preceptor); bond production, supervised internships and teamwork, whose opportunities to meet with other areas only occur in spaces still considered extracurricular (extension projects, PET-Health, Academic Leagues) or, in curricular cases, in curricular stages (albeit incipiently).

The challenges in the work processes refer to preceptorship, caring and educating ways, and inter-professional education, mainly due to the (im)possibilities of students from different areas of knowledge to articulate joint activities.

We problematize this last focus theme, since we identified the dichotomy between training-related challenges, on one hand, and the work process-related challenges, on the other, it contradicts the EPS itself. The training (educational) process must not be separated from the work processes, from the daily reality of the services. Promoting transformations in the training foresees that new ways of caring and educating in the services themselves will be produced. Thus, we state that the training actions are part of the work process of network professionals.

In order to advance the training of the preceptors (in some areas, such as psychology, they are called supervisors), the National Plan for Preceptor Formation (*Plano Nacional de Formação de Preceptores*, PNFP) was created. This plan was part of the training axis of the *Mais Médicos* Program and aimed to train sufficient preceptors to enable the expansion, with quality, of General and Family/Community Medicine residency vacancies, to ensure universal access to this postgraduate course to medical undergraduates from 2019.¹⁸

Again, it can be seen that the initiatives fall under the same target audiences: students, health professionals, and preceptors. Although one of the key points for the reformulation of the formative processes is the modification of the pedagogical practices, as we can identify, little is said about teacher training.

Only one document was identified that proposes a reflection on the meanings of health teaching.¹⁹ It was an editorial that asserts the importance of policies and programs aimed at the formation of human resources for the SUS.

Although there is a demand for a politically, socially and locally referenced education, the training and development of higher education teachers still draws little attention in Brazil.²⁰ The teaching field, thus, emerges as a universe full of meanings that are not necessarily linked to its exercise.¹⁹ The insertion of teachers occurs differently: the integral exercise of the teaching practice; the professionals who work in their professions of origin and dedicate themselves to teaching only a few hours a week; teachers of the specific areas of pedagogy and bachelor degrees who work simultaneously in undergraduate bachelor courses and also in elementary and high school and, finally, the professionals in the field of education who develop their activities full time at the university.²¹

CONCLUSION

The analysis of the linguistics repertoire produced from the documents found in the bibliographical survey signaled three focus themes: teaching-service, Pro-Health and PET-Health, and challenges.

The teaching-service integration was perceived as a tool for action enhancement, an under-construction process, since it is cyclical and procedural, and a device for transformations in training.

We noticed a unidirectional way from the courses to the network in the first PET-Health programs. However, the last edition inverted this direction, proposing transformations of the courses' pedagogical proposals.

We also noted that the most recent training incentive programs cover a narrower target audience (preceptors), again leaving the teaching class aside. It is urgent, therefore, that specific policies on teacher training for the SUS be created.

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