

Nursing and medicine students inserted in the professional practice: perception of teams

Estudantes de enfermagem e medicina inseridos na prática profissional: percepção de equipes

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RESUMO | A Estratégia Saúde da Família constitui-se como uma reorganização do modelo de atenção em saúde e as mudanças na formação profissional são essenciais para a transformação da prática. O objetivo desse estudo foi analisar a percepção de profissionais de saúde de equipes de Estratégia Saúde da Família sobre as atividades e a inserção dos estudantes de 1º e 2º anos dos cursos de Enfermagem e Medicina de uma faculdade pública. Os dados foram coletados por entrevista semiestruturada e analisados com base na análise de conteúdo, modalidade temática. Os temas emergentes foram: O processo de inserção dos estudantes na equipe da ESF; O vínculo entre estudantes, famílias e equipe da ESF favorecendo a aprendizagem significativa e Desafios inerentes à formação profissional por métodos ativos de ensino-aprendizagem. Os profissionais acolhem as necessidades de aprendizagem dos estudantes e reconhecem que há troca de saberes. A inserção ocorre por meio da comunicação efetiva com a equipe. A presença do estudante na ESF é considerada como fator importante na construção do vínculo e facilitação do acesso ao serviço de saúde, entendidas como ferramentas prioritárias para o bom desenvolvimento do modelo de vigilância em saúde. As dificuldades de inserção no cenário foram atribuídas ao desenvolvimento inerente à aprendizagem ativa. Inserir, portanto, o estudante na ESF fortalece o que é preconizado para a formação atual das profissões da saúde, oportunizando a valorização da qualidade da assistência, a relevância do trabalho e, principalmente, o cuidado em saúde.

PALAVRAS-CHAVE: Saúde da família. Currículo. Educação. Aprendizagem baseada em problemas.

ABSTRACT | The Family Health Strategy constitutes a reorganization of the health care model and changes in professional training are essential for the transformation of the practice. The objective of this study was to analyze the perception of health professionals of the Family Health Strategy teams about the activities and the insertion of 1st and 2nd grade students of the Nursing and Medicine courses of a public college. The data were collected by semi-structured interview and analyzed based on content analysis, thematic modality. The emerging themes were: The process of insertion of the students in the ESF team; The link between students, families and ESF staff favoring meaningful learning and Challenges inherent to professional training through active teaching-learning methods. The professionals welcome students' learning needs and recognize that there is an exchange of knowledge. The insertion occurs through effective communication with the team. The presence of the student in the ESF is considered as an important factor in the construction of the link and facilitation of access to the health service, understood as priority tools for the proper development of the health surveillance model. The difficulties of insertion in the scenario were attributed to the inherent development of active learning. To insert, therefore, the student in the ESF strengthens what is recommended for the current formation of the health professions, allowing the valorization of the quality of the assistance, the relevance of the work and, mainly, health care.

KEYWORDS: Family health. Curriculum. Education. Problem-based learning.

Introduction

The model of care based on the Family Health Strategy (FHS) has been implemented in the national territory since 1994. The FHS was considered the main tool for the implementation of the principles and guidelines of the Unified Health System (SUS), created through the definitions from the 1988 Federal Constitution. It organizes its work based on an assigned territory and aims to serve individuals and families integrally, focusing on health prevention, promotion, protection, recovery, and rehabilitation, thus contributing to the reorganization of the model of assistance (Brasil, 1997).

Based on and guided by the concepts of universality, accessibility, care management, bonding, integrality, accountability, humanization, equity, and social participation, the FHS can be considered a technological innovation in health, constituting an important way to overcome the limits imposed by the way of thinking and acting in health of the traditional model (Soratto, Pires, Dornelles, & Lorenzetti, 2015).

Considering the principles and guidelines from SUS that would lead to changes in healthcare models, the Ministry of Health (MS) and the Ministry of Education (ME) articulated efforts regarding public policies for the training of professionals in Brazil.

From this perspective, in 2001 the National Syllabus Guidelines (DCN) for the courses in the field of health were defined, which are intended to guide the elaboration of higher education syllabi, with the purpose of leading the student to learn to learn, learn to be, learn to do, learn to live together, and learn to know, ensuring autonomy and discernment to ensure a quality care, according to people needs (CNE / CES Resolution 3, 20 June 2014, 2014).

Therefore, the adoption of active learning methods in the training of these professionals becomes a necessity, and different approaches are recognized in the literature, among which stand out Problem-Based Learning (PBL), Team-Based Learning (TBL), Simulation, Problemization, and, recently, Constructivist Spiral (EC) (Ribeiro, Lima, & Padilha, 2018).

Active methods, more specifically problematization, have the support of the principles presented by Paulo Freire, who proposes the pedagogy of dialogue, essentially making use of its political character and directing it to a critical awareness of reality (Freire, 2013).

Following the national movement of superior education reform, the Medicine College of Marília started to change its syllabus structure in 1995, until the complete implementation of the new syllabus that currently adopts an integrated and competence-targeted organization. Thus, the selection of content, teaching-learning activities, as well as practice and attribute development settings are articulated and integrated, aiming to build knowledge and other skills, respecting the specificities of each career (Faculdade de Medicina de Marília, 2014).

Since 2003, the syllabi of Medicine and Nursing courses have included students in the real setting of professional practice since the first year, integrating Medicine and Nursing courses, having the FHS as a setting for the practice. The Municipal Health Secretariat was an important partner for its development (Faculdade de Medicina de Marília, 2014).

Thus, having the perspective of real work with people, families, and the community of the area covered by the FHS, students develop the practice of health care, according to the degree of autonomy they have in each year of their training. This strategy provides the student with the possibility of creating bonds and co-responsibility with all involved: users, family members, health professionals, colleagues and teachers (Faculdade de Medicina de Marília, 2014).

However, in the routine relations among students and professionals, it has been observed that the presence of students in the FHS is not always fully accepted and incorporated into the team's daily routine, which sometimes is made evident by the willingness to help, and sometimes in discomfort of professionals with the presence of students.

Given the above and considering that the activities developed by all actors in healthcare should be significant, including the student learning process, the following research question is raised: what is the perception of FHS professionals about the introduction of students of the 1st and 2nd years of Medicine and Nursing in their workplace?

Therefore, this research aimed to analyze the perception of health professionals working in the FHS, about the activities and local introduction of students from the 1st and 2nd years of Nursing and Medicine courses of a public college.

Method

This is a qualitative study, which means it focuses on the understanding of human phenomena and experiences, considering intersubjective relations and interactions within a broader process of constructing knowledge (Minayo, 2013).

The research considered seven FHS from a mid-sized municipality in the Midwest of the State of São Paulo-Brazil, which are teaching-learning settings for the 1st and 2nd year students of the Nursing and Medicine courses of a public college.

The FHS teams are made up by a nurse, a nursing assistant, a dental surgeon, an Oral Health Assistant (OHA), a physician, an office clerk, a general services assistant, and a Community Health Agent (CHA), all of whom were included in the research. Two participants from each unit were randomly selected, to a total of 12 professionals. The team of one of the seven FHS declined participation in the study. To ensure that all professional classes were represented, in the first randomized draw all professionals from the six participating FHS were included and, in the ones following that, previously selected professional categories were excluded from the sample.

Data collection took place through semi-structured interviews containing guiding questions related to: development of activities with students; how does the team of professionals perceive the activity with the students, and what are the difficult and easy aspects, as well as the contributions or benefits of introducing students from the early years of the course into the FHS. The interviews were previously scheduled with the participants by telephone and conducted by the main researcher at their workplace, after explaining the research objective and the participant signed the Free and Informed Consent Form (FICF), they were recorded in audio and transcribed in full, and, to ensure the anonymity of the participants, the interviews were coded with the letter P and numbered from 1 to 12.

The research project was approved by the Municipal Research Evaluation Council (COMAP) of the Marília Municipal Health Secretariat and the Research Ethics Committee of Researches Involving Human Beings (CEP) of the Marília Medicine School, under the protocol numbers 133623 and CAAE: 09161812.8.0000.5413.

Data analysis was carried out using the thematic modality of content analysis proposed by Minayo (2013). According to the author, content analysis is a research technique that, from an objective, systematic, and quantitative description of the content of communications, attempts to interpret them.

For the content analysis, the following steps were followed: 1) data ordering; 2) data classification; 3) final analysis. During the first step the material was organized, and an attempt was made to identify its main ideas. Each interview was read, with the objective of recognizing the text and get close to its impressions and orientation, to start the analysis of the data itself. In the data classification phase, the material was subjected to an in-depth study, guided by the objectives and theoretical references. It was disassembled from the original registered units, that is, it was coded in a way that corresponds to the transformation of the raw data of the text, an action that, by removing excerpts from the text, classifying and aggregating, allows to represent the content for categorization. The coding was performed via sentences from each of the interviews. Each sentence represented a registration unit, that is, a unit of meaning that expressed a thought. Thus, indicators that allowed a classification in empirical categories emerged, that is, categories that were built during the analysis.

The final stage of analysis sought to articulate the gathered data with the theoretical references, answering the questions and objectives of the research, looking for relations between the concrete and the abstract, the broad and the particular, and between theory and practice. Thus, it aimed to answer the questions of the study, taking into account the purposes that Minayo (2013) highlights: understanding the data collected, answering the question that originated the research, and expanding the knowledge on the subject. It sought, especially, to articulate the setting in which the research was conducted.

Results and Discussion

Among the 12 research participants, there were the following professionals: three CHAs, two general service assistants, two nursing assistants, one OHA, one nurse, one physician, one dentist, and one office clerk. The age range was from 25 to 47 years. The time working in the FHS ranged from 11 months to 14 years.

From the analysis of the interviews, the following thematic categories emerged: The process of introduction of students in the FHS team; The link between students, families and FHS professionals favoring a meaningful learning experience; and Challenges inherent to professional training through active teaching-learning methods.

Category 1: The process of introduction of students in the FHS team

This theme expresses the process of introduction of students into the FHS and in the teams themselves. This process starts in the first time the nurse of responsible for the unit presents it to the participants, involves the establishment of a communication process, and the bond with the families and teams that was started and carried out over the years. Silva, Peres, Pio, Marin and Otani (2018) described this introduction process and the perspective of the teams in a previous study.

Initially, participants reported about how they are informed of the arrival and activities of the students in the Health Unit. This is done by the nurse, who explains the teaching-service partnership and their performance as collaborators of the teaching-learning process. The following statements highlight the way students were introduced to the professionals of the units in a team meeting.

"It was through the nurse, who usually comes at the team meeting and explains that students will be coming, when they will be coming to introduce themselves to the team [...] how long they will stay, who will be the facilitator/teacher". (P3)

"[...] we were notified in a meeting, where the UPP facilitators were called, and it was explained when it would start, and what the introduction of these students would be like". (P6)

The statements of the participants show the importance of communication from the beginning of the teaching-service integration, mediated by a professional who integrates the team and participates both in the management of the unit and in the teaching-learning activities with the students.

The professionals of the service take part in the construction and follow-up of students in their workplaces, as collaborating teachers, aiming at the development of the Nursing and Medicine syllabus of the Marília Medicine School. Students and teachers (facilitators) participate in the work process of health units, in order to discuss and favor reflections for the construction of a new care model (Marin et al., 2014).

The National Syllabi Guidelines for Medicine and Nursing courses (CNE / CES Resolution No. 3 from June 20, 2014, 2014; CNE / CES Resolution No. 3 from November 7, 2001, 2001) indicates the need for bringing theory and practice closer together, through experiences in settings that can provide students with situations in the professional world from the beginning of the course, with the development of teaching and learning methods in which the student is an active part of the process.

In this context, teachers should be key mediators in this relationship, guiding and facilitating the teaching-learning process. Thus, the participation of health service professionals contributes to the definition and organization of students for a cooperative development of their activities. Supporting the educational activities, that begin with the students familiarization with the new pedagogical process that they experience, is a responsibility of the teachers (Ferreira, Fiorini, & Crivelaro, 2010).

Thus, the initiative to introduce students at the beginning of their activities in the health institutions emphasizes the importance of communication in the work process and in the planning of the intended actions. Through communication it is possible to integrate possibilities, in a process in which participants communicate in order to achieve previously determined goals (Coriolano-Marinus, Queiroga, Ruiz-Moreno, & Lima, 2014).

Communication is a process of understanding and sharing sent and received messages. The messages themselves and the way they are exchanged can influence the behavior of the people involved in a short, medium or long term (Stefanelli, Carvalho, & Arantes, 2005).

The participants also talked, significantly, about the relations of exchange and bonding, emphasizing the expectations at the beginning of the activities, as shown in the following interview fragments:

"It helped a lot [...] It was a real exchange. We showed them, they would say what would they do through their work in the two years they would be with us, right." (P1)

"[...] since the beginning there is a presentation of the students, so the team members get to know them too, they end up becoming a family because they come from one side and get to know the other side where we live, everyday. We try to pass on to them the trust, the family relations, families that have difficulties, families that don't. Some of them come with expectations, some frustrations and we know it's normal, because every time we start a job, even ourselves, it happens, but over time they start bonding, the fear ends, and when they go away they leave us something." (P5)

The data confirms the syllabus requirements from the Marília Medicine School (Faculdade de Medicina de Marília, 2014), based on the search for the transformation of professional practice, the training of health professionals and work processes, based on practice and reflection.

In this context, this setting in which students are introduced can be seen as an opportunity for interdisciplinary actions, experienced as they work together with the FHS team, developing action plans articulated with different types of knowledge (Ferreira et al., 2010).

Marin et al. (2014) point out the potential of the FHS in establishing bonds and accountability with the individuals, families and the population of the area covered. They consider how the work in adjoining territories leads to this, "since each subject enters the unit counting on a team that knows their life context and their needs, which makes an integral and humanized intervention process easier" (Marin et al., 2014, p. 970).

Category 2: The link between students, families and FHS professionals favoring a meaningful learning

Study participants realize that students have a desire to learn / know, demonstrated by the initiative for the activities to be developed and the bond they establish with the families.

"... they were well ... really willing, with what was proposed to them, which was to work with the family, they worked [...]" (P1)

"I believe they came because they wanted to learn, they went to visit homes, they brought problems to us, we discussed them with the team." (P9)

"[...] they always took action, they were always asking us about the families". (P11)

In traditional education, theory and practice are separate, learning is fragmented, and there is a growing number of specializations. In this context, universities present their subjects in a hierarchy, and there is no integration between practice and knowledge. In addition, working in settings other than the hospital is a major challenge (Ferreira et al., 2010).

The need for change in syllabi of health courses means that concepts and practices, combining technologies and teaching-learning methodologies, can reach the real life of the community, modifying syllabi and education. The introduction students in these environments since the beginning of the course allows them to experience the reality of the Brazilian population, giving them a chance to exercise expanded clinical activities and public health actions, face by face with the vulnerability of people and communities (Ferreira et al., 2010).

The development of affective resources in interpersonal relationships is expected in the syllabus changes that seek an education targeted at integral care, including the expected work relationships.

In this context, the interaction students with the culture of the population brings them the possibility of meaningful learning, of being the main actors in the process of construction of knowledge. It gives a humanistic perspective for the new health professional, which goes against a biological focus to the patients, given the reality in which they are introduced during their formation (Ferreira et al., 2010).

The participants also point out the importance of Home Visits (HV), which are the moment when the bonding with people is created. They realize that relationships with users grow closer over time, allowing bonds to be established and affective needs to be created as a result of this relationship.

"[...] they became very close to the families [...] they went to the staff house ... when they left they missed them. They were very close to the region, to the residents "(P1).

"[...] they have a good relationship with the users, to the point that they often come to ask about the students, if they are around, because they need something related to their health, and the students contributed for this [...]"(P6).

HVs are recommended in the FHS as one of the tools in the work process of teams. It has the potential to apprehend reality, allowing the identification of the living conditions of families, subsidizing the planning of actions to meet the health needs of the population and taking their uniqueness into account (Cunha & Sá, 2013).

From this perspective, for health education actions and autonomy construction to be developed in relation to the health-disease process, the construction of bonds is fundamental. Thus, the FHS care model requires, as one of its central support pieces, the establishment of bonds and the creation of commitment and co-responsibility between health professionals and the population. According to the statements from the participants, the introduction of students from the first years of college in the in the FHS settings and the bonds they form is recognized, especially in home visits and in taking responsibility with the families.

Studies conducted with families show how many positive aspects they point out in home visits, including the possibility of learning and teaching, receiving attention, building dialogue and a relationship of affection with students, believing that students respond to their demands and care about their health (Marin et al., 2011).

The organization of a competence-oriented syllabus, according to a holistic referential and dialogic approach, should provide learning in diverse and reflective experiences, with the intention of promoting the articulated development of actions, with increasing degrees of autonomy in the practice (Ribeiro, Lima & Padilha, 2018).

An approximation of the pedagogical proposal that is also a sign that the curricular principles are being considered can be seen through identifying that students value the possibility of listening, problem solving, teaching and learning, and when they value the development of affective relationships with

the people whose health needs they are caring for (Marin et al., 2011).

In addition, they show satisfaction and understand the relevance in receiving home visits, perceiving positive changes in the health of their family, with improvements in biopsychosocial aspects; safety following medical guidelines; approximation with health units and with students, and a satisfactory service from the students (Asso et al., 2013).

The statements show that the participants see the students' actions as permeated by affection, respect, and willingness to help, factors that contribute to the effective creation of bonds. The National Policy of Primary Care (Ordinance No. 2436 of September 21, 2017, 2017) reiterates this evidence by stating that bonding is one of the principles of this level of care and defines it as the establishment of relationships of trust and affection, built over time, with therapeutic potential, between user and professional, ensuring co-responsibility for their health.

Thus, longitudinal follow-up offers attention to users with better care and greater recognition of their problems, providing even less use of health services, since there are regular follow-up (Moraes, Campos, & Brandão, 2014).

In this sense, the FHS professionals recognize that the insertion of students in these settings bring benefits, as it increases the access and the bonds between student, family, and team.

"It brings us closer to the patient. Sometimes what the locals didn't say to us, they told them, [...] They came, made their visits, came to us and talked, this and that happened to that person, so we would know and go to the house to know what had happened [...] they made easier for us to bond with them, and also with the health unit. I think they bonded well, the doctors and nurses delegated HV only to the places that needed it [...] they brought the unit closer to these patients too"(P1)

"Sometimes people who had difficulties in scheduling an appointment, they came to schedule or even during the visits with the ACS, so it was getting much easier" (P2)

"The patient's access to the unit creates more bonds, brings the patient to the unit more often, it is like a bridge. With more people you can cover more patients.

Since our staff is small, when there are more people it helps". (P4)

"They help a lot, they discovered some things, because as much as we make visits, talk, sometimes since they are going, they have it easier, they can notice more things and end up bringing that information to us." (P11)

The learning process in the primary health care setting since the beginning of the course seems to be differentiated by the bonds that students establish when learning about the reality, contributing to the formation and work process of the teams.

Home visits made by students during their learning process in health facilities also work as mediation, favoring the teamwork process. To the student, the home visit is a tool that makes it possible to expand the look of the necessities of patients and community (Cunha & Sá, 2013), benefiting the user by allowing access and care provided by the health team.

In this context, one of the biggest challenges of health education is to expand the supply of services for interconnected practices, thus bringing popular participation to the daily routine of health units (Maciazeki-Gomes, Souza, Baggio, & Wachs, 2016).

The learning process and integral care of the person are products of the process related to the activities in real settings. The direction of the syllabus of the medical and nursing courses of the Marília Medicine School are described in their books as they focus on meeting health needs (Marin et al., 2011; Faculdade de Medicina de Marília, 2015).

These books make it clear that the student relationship to practice settings and users is not only to learn and to develop skills. Care and learning, bonding and accountability are articulated with the users and the healthcare team, to truly experience reality (Faculdade de Medicina de Marília, 2015).

Knowledge and raising questions about reality, therefore, are both triggered by the process of reflection about the world and its practices, developing ways of changing it. Therefore, the pedagogical process encourages and provokes the change of each student, in contact with a process of reflection about the world and its practices, based on reality (Ribeiro, Lima & Padilha, 2018).

Category 3: Challenges inherent to professional training through active teaching-learning methods

In the present study the feelings related to the difficulties in the introduction of the students are translated regarding adaptation, communication and commitment:

"[...] in the beginning, being together, knowing what can be done, what cannot, when it should be done or not... so I think in the beginning is to adapt to team, what makes it a little difficult is the knowledge, but once you know the work it become ok". (P3)

"[...] sometimes we had communication trouble, not with all of them, but there is always the one that is more quiet". (P9)

"Actually, only a few times I noticed that they were a little disorganized in relation to the patient records, they took it and did not put it in the right place [...] we show the right place, but that's it." (P12)

These statements refer to the learning demands in the face of process of discovery. According to Claxton (2005, p. 21), "engaging in something unknown always involves a sometimes light, sometimes heavy risk". According to the author, learning is a survival strategy that involves risks and a promise of something in return. It requires the ability to tolerate frustration and confusion, to act without knowing what will happen, to face uncertainty without becoming insecure. Direct immersion in real experience would be one of the compartments in the learning toolbox, enhancing the development of the process of learning to learn (Claxton, 2005).

The lack of communication between the traditional education models and the demands for training professionals open to innovation and changes is still prevalent. Whether students feel comfortable from the beginning of the training to recognize and work with and from uncertainty is discussed. The logic of the traditional education model is based on a model of cumulative and linear understanding of knowledge construction, postponing the entry into real practice settings for the final stages of formation. What is discussed by active methodologies and which guides it is the growing importance of student insertion since the beginning of training in real settings, facing situations with no clear structures and allowing them

to develop the capacity for reflection about actions (Coelho, Padilha, & Ribeiro, 2018).

Following the same logic of innovation in learning methods, a difficulty of some professionals in understanding the teaching method was found:

"[...] I noticed some professionals, especially the physician, sometimes have a hard time understanding, especially those who were not trained by a methodology that involves raising questions, [...] what I felt and what they said to us was that they were afraid that the students were evaluating them or teaching them, which is against the proposal. And another difficulty these professionals feel is in sharing the room, to go visit together [...]" (P6)

One of the challenges in this process is the very formation of the team professionals, who will participate in the teaching-learning process of students, often with a biomedical, medicalized, and hospital-centered perspective.

Campos, Cunha and Figueiredo (2013) report that a health education that is still based on a hegemonic model compromises the biopsychosocial approach in its complexity. A challenge from this type of professional training still exists, regarding difficulties in getting more profound knowledge on the interfaces between clinic, public health and management. They consider the promotion of training spaces that operate in both technical and relational experience dimensions "to be with others and their suffering, as well as to work together and analyze themselves permanently in this relationship" (Campos, Cunha, & Figueiredo, 2013, p. 125).

There is an interpenetration of elements in the relationships between health-management-education, and there is a need to address these challenges through more structuring changes that articulate and act on these relationships to transform the hegemonic practices (Coelho, Padilha, & Ribeiro, 2018).

According to the DCN, the objective is to lead the student to learn to learn, learn to be, learn to do, learn to live together, and learn to know, ensuring the autonomous and discerning skills to ensure comprehensive care, quality and humanization of the service provided (CNE / CES Resolution No. 3 of

June 20, 2014, 2014; CNE / CES Resolution No. 3 of November 7, 2001, 2001). Among other skills, this professional should be able, therefore, to solve health problems, both individually and collectively; make appropriate decisions; exercise leadership; administrate and manage (CNE / CES Resolution No. 3 of June 20, 2014, 2014; CNE / CES Resolution No. 3 of November 7, 2001, 2001).

Freire (2013) presents his defense for active methodologies stating that, in adult education, what drives learning is the overcoming of challenges, problem solving and the construction of new knowledge from the previous experiences of individuals.

Policies for overcoming curricular fragmentation and the adoption of active teaching-learning methodologies, allied to the DCN, which allows delineating competence profiles, are facing resistance not only by the crystallization of pedagogical practices, but by the desire to maintain some roles, both from schools and from teachers (Coelho, Padilha, & Ribeiro, 2018).

The emphasis on a work process focused on professional demands and not on the health needs of people and social groups, emphasizes the fragmentation of care, the fragility in risk management, and the singularization of care. This reiterates an educational model that results in low co-responsibility for health care and reduced resolution (Coelho, Padilha, & Ribeiro, 2018).

Thus, according to Chirelli, Soares and Pio (2016), in an integrated and competence-driven syllabus, there is a need for teachers and students to be able to use meaningful and qualified active methodologies in an articulate manner, with commitment and the ability to solve problems in health care situations.

Final Considerations

This study showed that the experience in practice settings, within the space of the FHS, works towards the purpose of the DCN to train health professionals, meeting the principles and guidelines of the SUS.

Primary care professionals emphasize that the insertion of students from early college years into primary care takes place through an effective communication with the team. The presence of the student in the FHS is seen as an important factor in the establishment of bonds, and in making access to health services easier, both of which are seen as priorities for a good development of the health surveillance model.

The difficulties of insertion in the setting were attributed to the learning process itself, especially when considering the innovative method guided by the raising of questions, that not all teachers are prepared to deal with. In this sense, the mediators are the ones responsible for this process, on the one hand represented by the work team and, on the other, by the teachers-facilitators, who must be prepared for this new training methodology.

Therefore, it can be concluded that the insertion of students from initial college years in the FHS gives support to current recommendations for the formation of health professionals, providing opportunities to acquire knowledge about the life context of a given population, the reality of health services, the relevance of teamwork, and, especially, the appreciation of health care.

The relevance of permanently building dialogic spaces involving teachers, facilitators, service professionals, and education and health service managers stands out. It is necessary to constantly legitimize practice spaces as learning spaces, empowering them to build knowledge and care. Proposals for reflection on the practice of permanent education should always be considered for health education, involving all actors: teachers, students, professionals and managers.

A limitation of the study is the fact that it was developed in a higher education institution in the countryside of São Paulo, which means it does not represent other realities in the country. However, the reflections presented about the insertion of students from the early years of the Nursing and Medicine courses in practice settings, as pointed out by the DCN, can contribute to the understand and overcome the challenges inherent not only to the presence of these two courses in practice, but can also to be extended to other courses in the health field.

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Author contributions

Silva, B. A. participated in the conception, design, data collection, data analysis, interpretation of results, and writing of the scientific article. Peres, C. R. F. B., Pio, D. A. M., Marin, M. J. S. and Otani, M. A. P. participated in the conception, design, data analysis, interpretation of results, and writing of the article.

Conflicts of interest

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