

INCLUSION OF UNDERGRADUATE NURSING SUBJECTS ABOUT TRADITIONAL POPULATIONS FROM THE AMAZON REGION

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ABSTRACT: The objective in this article is to identify and analyze, in the light of Interdisciplinarity, the subject Indigenous health and the contents about the health of traditional populations in the Amazon region in undergraduate nursing programs at universities and faculties in the North of Brazil. Along that logic, a study was undertaken in the electronic platform of the Ministry of Education and Culture (E-MEC), between May and July 2016, through multiple case studies. Courses were identified in all States, totaling 69, being 11 public and 58 private. Fourteen of these courses presented subjects on the theme, such as: Indigenous Health, Nursing in Indigenous Health Care, Nursing Care for traditional populations in the Amazon and Health of Amazon Populations. The curricula and menus revealed that the curricula contain subjects on traditional populations, but in a limited manner, and equidistant conceptions of interdisciplinarity.

DESCRIPTORS: Public health; Ethnic groups; Schools; Nursing.

INCLUSÃO DE DISCIPLINAS EM GRADUAÇÃO DE ENFERMAGEM SOBRE POPULAÇÕES TRADICIONAIS AMAZÔNICAS

RESUMO: Este artigo tem como objetivo identificar e analisar, à luz da interdisciplinaridade, a disciplina Saúde indígena e os conteúdos sobre a saúde das populações tradicionais amazônicas, nos cursos de graduação em enfermagem de universidades e faculdades da região Norte do Brasil. Nesta lógica, utilizou-se pesquisa realizada na plataforma eletrônica do Ministério da Educação e Cultura (E-MEC), no período de maio a julho de 2016, por meio de estudo de casos múltiplos. Foram identificados cursos em todos os Estados com um total de 69, sendo 11 públicos e 58 privados, destes 14 cursos apresentaram disciplinas sobre o tema, tais como: Saúde Indígena, Enfermagem na Atenção à Saúde Indígena, Assistência de Enfermagem às populações tradicionais da Amazônia, e Saúde das Populações Amazônicas. As matrizes e ementas possibilitaram identificar que há disciplinas curriculares sobre populações tradicionais, porém de modo limitado e concepções equidistantes de interdisciplinaridade.

DESCRIPTORES: Saúde coletiva; Grupos Étnicos; Instituições acadêmicas; Enfermagem.

INCLUSIÓN DE ASIGNATURAS ACERCA DE POBLACIONES TRADICIONALES DE AMAZONIA EN GRADUACIÓN DE ENFERMERÍA

RESUMEN: Artículo cuyo objetivo fue identificar y analizar, a la luz de la interdisciplinaridad, la asignatura Salud indígena y los contenidos sobre salud de las poblaciones tradicionales de Amazonia, en los cursos de graduación en enfermería de universidades y facultades de la región Norte de Brasil. Para eso, se utilizó investigación realizada en la plataforma electrónica del Ministerio de la Educación y Cultura (E-MEC), en el periodo de mayo a julio de 2016, por medio de estudios de casos múltiples. Se identificaron cursos en todos los Estados con un total de 69, siendo 11 públicos y 58 particulares; de estos, 14 cursos presentaron asignaturas acerca del tema, como: Salud Indígena, Enfermería en la Atención a la Salud Indígena, Asistencia de Enfermería a las poblaciones tradicionales de Amazonia, y Salud de las Poblaciones Amazónicas. Las programaciones posibilitaron identificar que hay asignaturas curriculares sobre poblaciones tradicionales, sin embargo de modo limitado y con concepciones equidistantes de interdisciplinaridad.

DESCRIPTORES: Salud colectiva; Grupos Étnicos; Instituciones académicas; Enfermería.

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● INTRODUCTION

Historically, the main characteristic of the Brazilian state's indigenous policies was the strong intervention of the public power, aiming to promote the assimilation of indigenous people into the Brazilian society. This conception is ruptured in the Federal Constitution of 1988, which acknowledges the rights and guarantees the protection of indigenous people's social organization and culture, through the recognition of their lands, distinguished social policies appropriate to the cultural specificities, the legal-political self-representation and the preservation of their languages and cultures⁽¹⁾.

In this sense, there has been great progress in the guarantee of rights through legal devices, such as Law 9.836/99, which creates the indigenous Subsystem; decrees like 290/2013, which guarantees Waterway Health Services to attend to riverside populations; Ministry of Health Decree 992 from May 13th 2009, which establishes the Brazilian integral healthcare policy for the black population; and Ministry of Health Decree 2866 from December 2nd 2011, which presents the Brazilian integral health policy of rural and forest populations. Therefore, the differentiated health care for these populations is legally grounded, based on the equity principle⁽²⁻⁵⁾.

A clear trend exists to discuss these policies, keeping in mind that they also need to be implemented in health professionals' education. And is that happening? Do educational institutions from the North of Brazil integrate these specific public policies for the traditional populations from the Amazon region into their curricula?

Thus, the need is highlighted for universities to increasingly aim for the possibility of this interdisciplinarity in their political pedagogical projects, which permits skills inherent in the academic education. This articulation should be constructed along the activities in the academic universe and in accordance with the reality and regional need. In view of this aspect, in the curricular matrix, a lack of disciplines is observed to interact with the local demands, mainly in indigenous, *quilombola* and riverside populations.

To broaden the discussion, the spatial, populational and regional configurations this happens in need to be understood, which can be evidenced by the 2010 census of the Brazilian Institute of Geography and Statistics (IBGE). In that census, 896.9 thousand indigenous individuals were registered across the Brazilian territory, belonging to 305 ethnic groups, the largest of which is the Tikuna, corresponding to 6.8% of the indigenous population. In addition, 274 indigenous languages were identified in the Brazilian territory. In this group, 2.1% is located in the Amazon region (0.4% of the total Brazilian population) and is gradually increasing in function of the new identity configurations. What is most interesting is that the land with the largest indigenous population, the Yanomami, is present in two Northern states, Amazonas and Roraima, with 25.7 thousand indigenous individuals⁽⁶⁾.

What the black population is concerned, the same census registered an increased number of black people, from 38.5% in 2000 to 43.1% in 2010 (82 million people). Concerning the same aspect, the proportion of people who identified themselves as black increased from 6.2% to 7.8% (15 million) in the same period. In those terms, a drop was perceived in the number of people who identified themselves as black, from 53.7% to 47.7% (91 million Brazilians)⁽⁶⁾.

This universe arouses a reflection on health teaching for traditional populations as, considering that the Amazon region contains most of the indigenous population today and an important part of black individuals, the universities in the region are responsible for proposing academic articulations in order to improve care for these people. Hence, provoking a broad discussion on how these organizations propose interdisciplinarity is a contribution to this theme.

Therefore, further understanding is needed on the terms multidisciplinary, Interdisciplinarity and transdisciplinarity, which are frequently employed indistinctly⁽⁷⁻¹⁰⁾. Thus, in a proposed taxonomy of terms, the defining characteristics of multidisciplinary are the juxtaposition, sequential organization and coordination of disciplines; while Interdisciplinarity involves their integration, interaction, connection, focus and mixture; finally, in transdisciplinarity, the transcendence, transgression and transformation would take place⁽¹¹⁾.

Based on these conceptions, it can be established that, among that many assertions about

Interdisciplinarity, no concept could be formalized yet in terms of a consensus idea that can join epistemologists, philosophers and educators⁽¹²⁾. As a reflection of these disseminations that internally mobilize the higher education institutions towards interdisciplinary bases, a certain consensus prevails in the idea that college students need to establish links in their learning, whether between courses or by involving different perspective through a global competency building process that involves disciplinary and interdisciplinary knowledge⁽¹³⁻¹⁴⁾.

Based on these aspects, references exist about the challenge of constructing meanings between the disciplinary theory and the interdisciplinary practice attitude, which demands time to reflect on the disciplinary theories involved, including the observation and analysis of the sociocultural environment, the languages that support the professional practices, spaces for encounters and experience exchange. Hence, the continuing practice is an ongoing challenge that affirms interdisciplinarity as a simultaneously reflexive and critical attitude, in view of the disciplinary knowledge in the different knowledge areas and cultures, permitting the articulation and expansion of knowledge in teaching, research and professional activities⁽¹⁵⁾.

Amidst this, it is highlighted that students reveal an interdisciplinary understanding when they are capable of integrating knowledge, methods and languages from different disciplines "to solve problems, create products, produce explanations or propose new questions on a globally significant topic that would not be feasible from a disciplinary perspective"^(13:18).

In view of this fact, we consider that methodological models exist that integrate this knowledge into the universities' reality, adding up to the needs and peculiarities of the services and population, mainly in the North. Thus, with a view to preparing a demand of health professionals to work in the reality described, we intend to identify and analyze the teaching of the subject Indigenous Health and related subject, as well as its content about the health of other traditional populations in the Amazon region in the light of interdisciplinarity. Hence, for this study, the undergraduate nursing programs taught at universities and faculties in the North of Brazil are defined.

● METHOD

Exploratory and descriptive research, undertaken through the combination of a qualitative and quantitative research, which is considered a mixed method, as it allowed the study to integrate the data obtained by means of numerical and textual information⁽¹⁶⁾. In addition, the information could be shared for the sake of mutual complementation in the course of the research process⁽¹⁷⁾. As an implementation criterion, the concomitant nested strategy was used, as the qualitative and quantitative data were collected simultaneously and later transformed and integrated⁽¹⁶⁾. In that sense, a multiple case study was constructed⁽¹⁷⁾ to understand how the research problem behaved in the different courses analyzed.

The research was developed in the city of Belém, state of Pará, by consulting the database of the Electronic Portal of the Brazilian Ministry of Education and Culture (E-MEC) and the pedagogical projects of each undergraduate Nursing program. As an inclusion criterion, the Higher Education Institutions (HEI) were considered that were registered in the Northern states of Brazil (Acre, Amapá, Amazonas, Rondônia, Roraima, Pará and Tocantins) on the official data website of E-MEC in baseline year 2016. Repeated information was excluded (i.e.: Surplus courses registered in the same State by the same HEI, with the same menu, on different campuses, considering only one of them).

To produce evidence, scripts were created with descriptors, to be investigated in the curricula and menus of the HEI's political pedagogical projects, available in electronic media. To collect the data, the terms traditional, indigenous, Afro-descendant populations and ethnic groups were considered. At the same time, quantitative data were collected, organized and processed, regarding the data from E-MEC. These data were collected based on a script with the following aspects: Type of service offered (public and private), activity model (distance and in class), matrix and availability of pedagogical project. The qualitative data took the form of products of the pedagogical project documents, which were converted after being categorized in numerical data⁽¹⁶⁾.

These data were collected between May and July 2016, considering each State in the North of

Brazil as a unit. Tables were elaborated, which were subject to simple descriptive statistical treatment and tabulation. Next, for the purpose of a precise and relevant analysis of the cases, descriptive and inferential numerical analyses were executed after a transformation sequence of the data within the strategy chosen⁽¹⁶⁾.

The study considered the information published by the HEI and in compliance with Law 12.527 from November 18th 2011, which rules on the clear and precise disclosure of pedagogical information and course data on the internet⁽¹⁸⁾. Being a public database, without involving research on human beings, this study did not need approval by a research ethics committee. Nevertheless, the authors safeguard the ethical principles of anonymity, non-maleficence, beneficence and justice.

● RESULTS

In the baseline year 2016, 69 courses were registered in the North on the E-MEC platform, affiliated with public and/or private institutions, in the face-to-face and distance education modalities. Table 1 shows that the State of Pará (PA) presented 18 courses, followed by Rondônia (RO) with 15 (26.08%), Tocantins (TO) with 14 (20.28%), Amazonas (AM) with 11 (15.94%), Amapá (AP) with five (7.24%) and Acre (AC) and Roraima (RR) with three each (4.34%). Among the 69 courses in the North, 58 (80.04%) came from the private network.

Table 1 – Distribution of Nursing Courses according to E-MEC. Belém, PA, Brazil, 2016

STATES	PA	AP	AC	AM	RO	RR	TO	TOTAL
Total courses	18	5	3	11	15	3	14	69
Disciplines on traditional populations	3	0	1	4	4	1	1	14
No disciplines on traditional populations	12	4	1	6	7	1	8	39
Face-to-face	17	5	3	10	15	3	13	66
Distance education	1	0	0	1	0	0	1	3
Public	2	1	1	2	1	2	2	11
Private	16	4	2	9	14	1	12	58
No matrix information	3	1	1	1	4	1	5	16

Legend: E-MEC: Electronic databases of the Ministry of Education and Culture

As presented in Table 1, the States with nursing courses that presented the largest number of subjects with contents focused on traditional populations were Rondônia (4/14 – 28.5%), Amazonas (4/14 – 28.5%) and Pará (3/14 – 21.4%).

The titles of the subjects offered in the curricula, with the respective quantities and hour loads, were: Indigenous Health (5/14–35.7%), ranging between 40 and 45 hours; Nursing Care for the traditional populations in the Amazon region (1/14 – 7.1%) with 60 hours; Nursing in Indigenous Health Care (1/14 – 7.1%) with 80 hours; Nursing in indigenous health (2/14 – 14.2%) with 45 hours; Health care for indigenous people (1/14 – 7.1%) with 40 hours; Health of the Amazon Populations (1/14 – 7.1%) with 45 hours; Anthropology of Health and Indigenous Communities (1/14 – 7.1%) with 40 hours; Indigenous health and its culture (1/14 – 7.1%) with 40 hours; Nursing in public policies and indigenous health (1/14 – 7.1%) with 40 hours.

All subjects cited were part of the basic and/or pre-professional or professional cycle. Among these, only Anthropology of Health and Indigenous Communities was part of the basic subject cycle.

By reading the course menus, subjects were identified that partially addressed Interdisciplinarity in the themes indigenous health and traditional populations. The data appoint definitions of traditional groups, cultural diversity, health problems and ethnic relations. The identified subjects were: Afro-Brazilian culture and racial ethnic relationships; Social anthropology and health in the Amazon region;

Ethnic-racial diversity, gender and law; Medicinal plants in the Amazon region; Health of vulnerable populations; Complementary therapies; and Racial ethnic relationships and Afro-descent, as well as collective health, anthropology and community nursing in basic education.

Concerning the distribution of the institutions, as displayed in Table 2, among the 14 HEI (20.28%) that presented subjects associated with the health of traditional populations, nine (64.29%) were affiliated with the private initiative and five (35.71 %) with public institutions.

Table 2 – Distribution of public and private institutions with subjects on the traditional populations in their curriculum, according to E-MEC. Belém, PA, Brazil, 2016

States	PA	AP	AC	AM	RO	RR	TO	TOTAL
Private w/ subject	1	0	0	2	4	1	1	9
Public w/ subject	2	0	1	2	0	0	0	5
Total	3	0	1	4	4	1	1	14

Legend: E-MEC: Electronic databases of the Ministry of Education and Culture.

All states presented at least one HEI without information on the pedagogical political project, with the respective frequencies: Pará (3/16 – 18.7%), Amapá (1/16 – 6.2%), Acre (1/16 – 6.2%), Amazonas (1/16 – 6.2%), Rondônia (4/16 – 25%), Roraima (1/16 – 6.2%) and Tocantins (5/16- 31.2%).

What the private initiative is concerned, the states that presented HEI with subjects focused on traditional populations were Pará (1/9 – 11.1%), Amazonas (2/9 – 22.2%), Rondônia (4/9 – 44.4%), Roraima (1/9 – 11.1%) and Tocantins (1/9 – 11.1%). The states of Amapá and Acre, on the other hand, did not have subjects in any of the courses offered.

With regard to the public initiative, the States that presented HEI with subjects focused on traditional populations were: Pará (2/5 – 40%), Amazonas (2/5 – 40%) and Acre (1/5 – 20%). On the opposite, the States of Amapá, Rondônia, Roraima and Tocantins did not have subjects in any of the courses offered.

In addition, as observed, the private initiative stood out in the state of Rondônia in terms of the applicability of this pedagogical of this pedagogical insertion, with four initiatives (26.6%), which is well represented in Figure 1, differently from Acre, which did not have any subject, neither in the public nor in the private sphere.

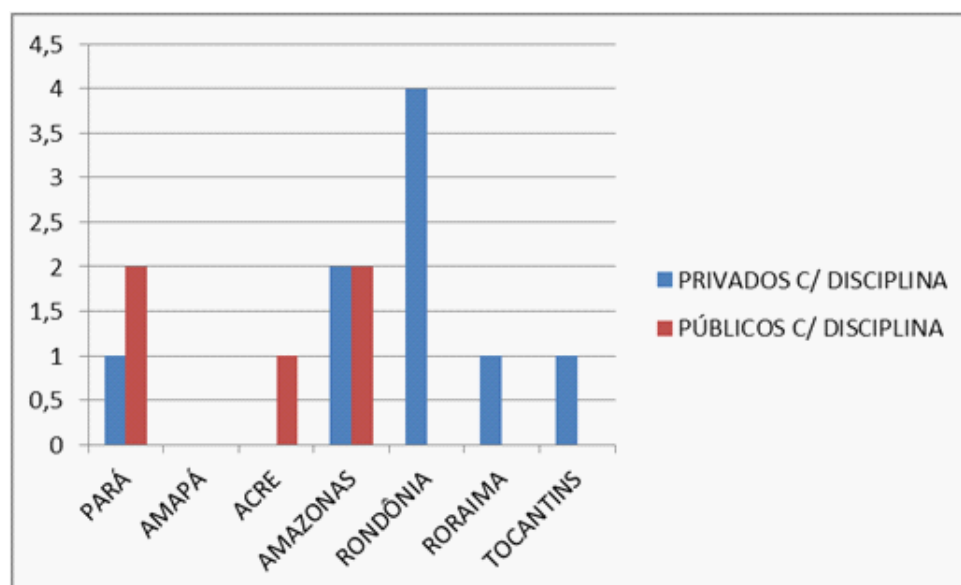


Figure 1 – Conjuncture of type of initiatives by HEI in the North. Belém, PA, Brazil, 2016

● DISCUSSION

A study on the "Profile of Nursing in Brazil" revealed the strong and disordered expansions of courses, besides asymmetries among the different regions of the country. That is a challenge to be faced⁽¹⁹⁾. This expansion has reached the extent of distance education and has been questioned by nursing organizations.

What the distance education modality is concerned, three registered HEI were identified in the findings. This model has aroused concerns in the nursing council, and has been discussed through a campaign in favor of its cancelation and/or expansion. The Federal Nursing Council (Cofen) incisively affirmed that this model encompasses an example of improper theoretical-practical education, whose harm can go beyond the education and reach health care. Next, the council proposed Bill 2891 on September 3rd 2015, which prohibits the education of nurses and nursing technicians in the Distance Education (DE) modality⁽²⁰⁾.

This kind of revelations shows incompatibilities with certain objectives proposed in nursing education, as they imply distancing from the care reality and, mainly, of local needs, due to non-interdisciplinary Brazilian curricula. The courses offered in the North should construct they pedagogical bases, implemented by interdisciplinary subjects and/or actions, with skills and competences about the health of traditional populations.

Due to the non-compliance with legislation, however, even the access to curricula and projects makes discussions in these terms deficient. That is the case because not all HEI publish this information. It was identified that, out of 69 courses, the curricula of 39 (56.52%) did not include subjects focused on traditional populations. This characterizes the non-relevance of the theme for most HEI.

In the same sense, based on the analysis of the course menus, we can acknowledge that most of the institutions adopt a diluted approach to the theme, in an invasive conception of interdisciplinarity, as it does not recognize the needs, departing from a careful assessment of the social determinants of health and illnesses the groups are submitted to.

The health needs of traditional populations may be inserted merely when setting up the class schedules and in individual classes. Nevertheless, the hour load may not be sufficient to fully cover the concepts, characteristics and other contents. Hence, this insertion tends to take the form of a sub-item in a subject, with a limited hour load, different from what was identified in these research results.

In addition, it is observed that Interdisciplinarity does not effectively take place, as the HEI have isolated subjects for the traditional populations' health practices. We should not perceive these situations as interdisciplinary, as there is no relation with other disciplines, not even in some cases in the basic cycle.

The results provide relevant indications for the educational processes of Nursing science in the Amazon region, as one is seeking to move from a state of relative ignorance to one of knowledge capable of transforming the reality. In addition, in education, the role of the individual's context and the midst (s)he lives in should be taken into account⁽²¹⁾. This reveals the role of education as an operational tool for social development⁽²²⁾.

Thus, professional education should consist of skills and competences to act on the determinants of the health-disease process and on a sense of social accountability, in view of the diversities of the Amazon populations. Hence, according to art.5 of the Brazilian Curricular Guidelines⁽¹⁸⁾, the regional health particularities should be addressed through strategically planned interventions. Therefore, a course should not only offer teaching about the health of traditional population, but also adopt an interdisciplinary approach to the theme, reaching all educational and life cycles of these groups.

In that sense, the course curriculum has the duty of contributing to the understanding, interpretation, prevention, preservation, strengthening, encouragement and dissemination of the national and regional cultures in a context of pluralism and cultural diversity, as well as through the biopsychosocial relationships, establishing an expanded, flexible and diversified logic. Therefore, the theme should be addressed through interdisciplinarity, mainly in the subjects that figure on the common core curriculum,

and later emphasized through a specific discipline, with a defined hour load and referenced in the other professional subjects.

The case of Acre confirms this situation, despite revealing a negative condition, due to the absence of specific subjects. This reveals a concerning condition, as there are approximately 16 thousand indigenous individuals and is home to one of the Brazilian cities with more than 50% of indigenous population, Santa Rosa do Purus, according to the 2010 census⁽²³⁾.

The state of Amapá also stands out because none of the course offered contained full subjects, or at least subjects that address contents about the health of traditional populations in the Amazon region, and with a cross-sectional approach of related contents, as Amapá is a border area and, in accordance with the most recent 2013 census, houses 10,875 indigenous individuals⁽²⁴⁾.

Another highlight is the state of Tocantins which, despite ranking third in terms of higher education courses in nursing, presents only one course with an official subject on the health of traditional Amazon populations. The state is home to approximately 13 thousand declared Indian individuals according to the 2010 Indigenous Census, with a gradually increasing population⁽²³⁾.

Based on these observations, it is worrying that states like Rondônia, Pará and Tocantins, which rank first in number of courses offered, are not concerned with the comprehensive insertion of the theme, either with an interdisciplinary approach or not. In that situation, alternatives need to be sought through qualification, which help to expand the composition of the teaching staff⁽²⁵⁾, with a view to implementing pedagogical project models according to the social reality and labor market demands.

This study is limited by the fact that the analysis was based on data and information available on the Internet, which means that the data may not be an up-to-date image of the reality, in view of the dynamics of academic life and the curricular needs of the courses that do not maintain the same update speed on their respective websites.

● FINAL CONSIDERATIONS

The results show that the pedagogical projects analyzed have not fully taken into account the environmental and social conjuncture. Therefore, a paradox may exist in the nursing courses in the Amazon region and the teaching-learning process concerning the injunction of education focused on the local reality, mainly when analyzed in the light of interdisciplinarity. This positioning does not prioritize the social reality of the traditional populations in the Amazon region, putting them at the center of learning instead of at the periphery of practices in other subjects and/or contents, and which exactly rectifies the current situation.

Therefore, we need to understand that the concern with the theme implies the act of carefully examining the true commitment to Nursing education. Professionals who are capable of working and changing the social-local determinants, distant from a logic of education commitment to marketing, economic and non-human values.

We emphasize that studies are needed that broaden the discussion to the subjects' teaching plan, with a view to identifying how the courses have addressed this theme to build specific professional competences and skills.

● REFERENCES

1. Galerno L. Saúde Indígena: uma introdução ao tema. 22^a ed. Brasília: MEC-SECADI; 2012.
2. Brasil. Lei 9.836, de 23 de setembro de 1999. Acrescenta dispositivos à Lei no 8.080, de 19 de setembro de 1990, que "dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências", instituindo o Subsistema de Atenção à Saúde Indígena. Diário Oficial da República Federativa do Brasil, Brasília, 23 de setembro de 1999. Capítulo V.
3. Ministério da Saúde (BR). Portaria 290, de 28 de fevereiro de 2013. Institui o Componente Construção de

Unidades Básicas de Saúde Fluviais no âmbito do Programa de Requalificação de Unidades Básicas de Saúde (UBS) aos Estados e aos Municípios da Amazônia Legal e Pantanal Sul Matogrossense. Diário Oficial da União, [Internet] 01 de março de 2013 [acesso em 20 out2016]. Disponível: <http://sintse.tse.jus.br/documentos/2013/Mar/1/portaria-no-290-de-28-de-fevereiro-de-2013>.

4. Ministério da Saúde (BR). Portaria N° 992, de 13 de maio de 2009. Institui a Política Nacional de Saúde Integral da População Negra. Diário Oficial da União, [Internet] 31 de agosto de 2015 [acesso em 20 de out2016]. Disponível: <http://www.saude.gov.br/public/media/EU6sWLAaw55isy/61991121004160061911.pdf>.

5. Ministério da Saúde (BR). Portaria N° 2.866, de 2 de dezembro de 2011. Institui, no âmbito do Sistema Único de Saúde (SUS), a Política Nacional de Saúde Integral das Populações do Campo e da Floresta (PNSIPCF). Diário Oficial da União, [Internet] 02 de dezembro de 2011. [acesso em 20 out2016]. Disponível: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt2866_02_12_2011.html.

6. Instituto Brasileiro de Geografia e Estatística (IBGE). Censo 2010: população indígena é de 896,9 mil, tem 305 etnias e fala 274 idiomas.[Internet] 2012[acesso em 02 out2016].Disponível:<http://saladeimprensa.ibge.gov.br/noticias.html?view=noticia&id=1&idnoticia=2194&busca=1&t=censo-2010-populacao-indigena-896-9-mil-tem-305-etnias-fala-274>.

7. Pombo O. Epistemología de lainterdisciplinarietà. La construcción de unnuevo modelo de comprensión. Interdisciplina. [Internet] 2013;1(1) [acesso em 10 out2016].Disponível: <http://www.journals.unam.mx/index.php/inter/article/view/46512/41766>.

8. Choi BCK, Pak AWP. Multidisciplinarity, interdisciplinarity and transdisciplinarity in health research, services, education and policy: 1. Definitions, objectives, and evidence of effectiveness. Clin Invest Medicine. [Internet] 2006;29(6) [acesso em 23 de jul2016]. Disponível: <http://search.proquest.com/openview/140c24fa498379f3a9c0633b610d14c/1?pq-origsite=gscholar>.

9. Alvargonzález D.Multidisciplinarity, interdisciplinarity, transdisciplinarity, and the sciences. International Studies in the Philosophy of Science, Abingdon (Oxfordshire). [Internet] 2011;25(4) [acesso em 24 de jul2016]. Disponível:<http://dx.doi.org/10.1080/02698595.2011.623366>.

10. Webb F, Smith C, Worsfold K. Griffith Graduate Attributes Interdisciplinary perspective toolkit.[Internet] 2011[acesso em 03 de ago2016]. Disponível:http://www.msruas.ac.in/pdf_files/VCBlogs/Research%20Skills1.pdf.

11. Klein JT. A platform for a shared discourse of interdisciplinary education.JSSE. [Internet] 2006;5(2) [acessoem 04 de ago 2016].Disponível: <http://dx.doi.org/10.4119/UNIBI/jsse-v5-i4-1026>.

12. Alves RF, Brasileiro MCE, Brito SMO. Interdisciplinaridade: um conceito em construção. Episteme. [Internet] 2004;(19) [acesso em 20 de ago2016]. Disponível: http://www.joinville.udesc.br/portal/professores/regina/materiais/interdisciplinaridade_artigo2.pdf.

13. Mansilla VB, Miller CM, Gardner H. On disciplinary lenses and interdisciplinary work. In: Wineburg S, Grossman P, organizadores. Interdisciplinary curriculum: challenges to implementation. New York: Teachers College Press; 2000. p. 17-38.

14. Leonard JB. Integrative learning: a grounded theory. Issues in Integrative Studies.[Internet] 2012;(30) [acesso em 22 de ago2016]. Disponível:[https://oakland.edu/Assets/upload/docs/AIS/Issues-in-Interdisciplinary-Studies/2012-Volume-30/05_Vol_31_pp_48_74_Integrative_Learning_A_Grounded_Theory_\(Jeannie_Brown_Leonard\).pdf](https://oakland.edu/Assets/upload/docs/AIS/Issues-in-Interdisciplinary-Studies/2012-Volume-30/05_Vol_31_pp_48_74_Integrative_Learning_A_Grounded_Theory_(Jeannie_Brown_Leonard).pdf).

15. Brandão C. Desenvolvimento, territórios e escalas espaciais: levar na devida conta as contribuições da economia política e da geografia crítica para construir a abordagem interdisciplinar. In: Ribeiro MTF, Milani CRS, organizadores. Compreendendo a complexidade socioespacial contemporânea: o território como categoria de diálogo interdisciplinar. Salvador: EDUFBA; 2009.p. 150-185.

16. Creswell JW. Projeto de pesquisa: Métodos qualitativo, quantitativo e misto. 2ª ed. Porto Alegre: Artmed; 2007.

17. Yin RK. Estudo de caso: planejamento e métodos. 5ª ed. São Paulo: Bookman; 2015.

18. Ministério da Educação (BR). Conselho Nacional de Educação. Câmara de Educação Superior.Resolução CNE/ CES N. 3, de 07 de novembro de 2001. Institui as Diretrizes Curriculares Nacionais do Curso de Graduação em Enfermagem. Diário Oficial da República Federativa da União. Brasília, 09 nov. 2001. Seção 1, p. 37. Brasília (DF): Ministério da Educação e Cultura; 2001.

19. Barreto IS, Krempel MC, Humerez DC. Comentários: O Cofen e a Enfermagem na América Latina. *Enfermagem em Foco*. [Internet] 2011;2(4) [acesso em 22 set 2016]. Disponível: <http://revista.portalcofen.gov.br/index.php/enfermagem/article/view/195/131>.
20. Conselho Federal de Enfermagem (COFEN). Designado relator do PL que proíbe EaD na Enfermagem: PL 2891/2015. [Internet] [Internet]. Brasília (DF): COFEN; 2015 [acesso em 20 out 2016]. Disponível: http://www.cofen.gov.br/designado-relator-do-pl-que-proibe-ead-na-enfermagem_35238.html.
21. Ito EE, Peres AM, Takahashi RT, Leite MMJ. O ensino de enfermagem e as diretrizes curriculares nacionais: utopia x realidade. *Rev. esc. enferm. USP*. [Internet] 2006;40(4) [acesso em 20 out 2016]. Disponível: <http://pesquisa.bvsalud.org/enfermagem/resource/pt/bde-13947>.
22. Machado MH, Wermelinger M, Vieira M, de Oliveira E, Lemos W, Aguiar Filho W, et al. Aspectos gerais da formação da enfermagem: O perfil da formação dos enfermeiros, técnicos e auxiliares. *Enfermagem em foco*. [Internet] 2016;6(2/4) [acesso em 20 nov2016]. Disponível: <http://revista.portalcofen.gov.br/index.php/enfermagem/article/viewFile/687/297>.
23. Azevedo MM. O Censo 2010 e os Povos Indígenas. *Povos Indígenas no Brasil*. [Internet] 2011 [acesso em 06 de out 2016]. Disponível: <https://pib.socioambiental.org/pt/c/no-brasil-atual/quantos-sao/o-censo-2010-e-os-povos-indigenas>.
24. Ministério da Saúde (BR). Relatório de Gestão. Relatório de Gestão do exercício de 2013 apresentado aos órgãos de controle interno e externo como prestação de contas anual a que esta Unidade está obrigada nos termos do art. 70 da Constituição Federal, elaborado de acordo com as disposições da IN TCU nº 63/2010, da DN TCU nº 127/2013 e da Portaria TCU nº 175/2013.
25. de Oliveira SN, Bernardi MC, do Prado ML, Lazzari DD, Lino MM, Vicensi MC. Professores de enfermagem e o desenvolvimento de competências: reflexões sobre a teoria de Philippe Perrenoud. *Rev Enferm UFSM*. [Internet] 2015;5(3) [acesso em 30 nov 2016]. Disponível: <http://dx.doi.org/10.5902/2179769214498>.