

## NURSING EDUCATORS' PERCEPTIONS OF THE DOMAINS OF THE CORE COMPETENCIES FRAMEWORK FOR HEALTH PROMOTION

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**ABSTRACT: Objective:** to investigate the perceptions of nursing professors from an undergraduate course of the domains of the Core Competencies Framework for Health Promotion and find out how these domains are applied in their teaching practice. **Method:** The study was conducted in 2017 at a public institution of higher education in the Northeastern Region of Brazil. Sixty-two (62) teachers who met the established inclusion and exclusion criteria were invited. Of these, 15 participated in the study. **Results:** The following categories emerged: "Nursing educators' knowledge about health promotion: recognizing the domains" and "Nurse Educators' Practices in Health Promotion: Application of the domains of the Core Competencies Framework for Health Promotion." **Conclusion:** Training and continuing education strategies on the referred subject should be provided.

**KEYWORDS:** Professional competence; Health promotion; Nursing education; Nursing teachers; Healthcare.

### PERSPECTIVAS DE DOCENTES DE ENFERMAGEM DOS DOMÍNIOS DO CORE COMPETENCIES FRAMEWORK FOR HEALTH PROMOTION

**RESUMO: bjetivo:** verificar as perspectivas de docentes de um curso de graduação em enfermagem acerca dos domínios do *Core Competencies Framework for Health Promotion*, e como estes estão presentes em sua prática. **Método:** o estudo foi realizado no ano de 2017, em uma instituição pública de ensino superior da Região Nordeste. Foram convidados 62 docentes que atenderam aos critérios de inclusão e exclusão estabelecidos, dos quais 15 participaram da pesquisa. Os resultados foram analisados a partir da análise de conteúdo. **Resultados:** emergiram as categorias: "Saberes dos docentes acerca da promoção da saúde: reconhecendo os domínios" e "Práticas dos docentes em promoção da saúde: aplicabilidade dos domínios do *Core Competencies Framework for Health Promotion*". Divergências encontradas a respeito dos saberes e práticas podem influenciar a formação dos enfermeiros em relação às competências necessárias à promoção da saúde. **Conclusão:** é importante oportunizar estratégias de qualificação e formação continuada em torno da temática em questão.

**DESCRITORES:** Competência profissional; Promoção da saúde; Educação em enfermagem; Docentes de enfermagem; Atenção à saúde.

### PERSPECTIVAS DE LOS DOMINIOS DEL CORE COMPETENCIES FRAMEWORK FOR HEALTH PROMOTION POR DOCENTES DE ENFERMERÍA

**RESUMEN: Objetivo:** verificar las perspectivas de docentes de un curso de graduación en enfermería acerca de los dominios del *Core Competencies Framework for Health Promotion*, y como esos dominios se encuentran en su práctica. **Método:** el estudio ocurrió en el año de 2017, en una institución pública de enseñanza superior de la Región Nordeste. Se invitaron 62 docentes que obedecían a los criterios de inclusión y exclusión establecidos, de los cuales 15 participaron de la investigación. Se analizaron los resultados por medio del análisis de contenido. **Resultados:** las categorías resultantes fueron: "Saberes de los docentes acerca de la promoción de la salud: reconociendo los dominios" y "Prácticas de los docentes en promoción de la salud: aplicabilidad de los dominios del *Core Competencies Framework for Health Promotion*". Hubo divergencias acerca de los saberes y prácticas que pueden influenciar la formación de los enfermeros sobre las competencias necesarias a la promoción de la salud. **Conclusión:** es importante promover estrategias de cualificación y formación continuada al rededor de la temática en cuestión.

**DESCRIPTORES:** Competencia profesional; Promoción de la salud; Educación en enfermería; Docentes de enfermería; Atención a la salud.

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## ● INTRODUCTION

Competence is a word commonly used to designate the ability of an individual to perform a job task properly. The competence of an individual is comprehensive, including all the related knowledge, skills, abilities and attributes acquired through education and professional experience that constitute a person's job, and implies in knowing how to mobilize, coordinate, integrate and transfer the knowledge, resources and skills that constitute a person's job <sup>(1)</sup>.

There are many definitions of competence. The definitions of competence refer to the professional profile required in the workplace and the knowledge requirements necessary for properly performing the job tasks <sup>(2)</sup>. In the field of health promotion (HP) competence is defined as a combination of knowledge, skills and attitude that enable an individual to perform job tasks according to a particular standard <sup>(3)</sup>.

The main objective of the Health Promotion competencies of the Core Competencies Framework for Health Promotion (CompHP) is the formation of a consensus. Methods for the implementation of standards aimed at innovation and best practices in health will be established based on the referred consensus <sup>(4)</sup>.

CompHP's competencies can be used in the training of health promotion professionals in the beginning of their careers and during their continuing professional development. Thus, these competencies can be used as criteria for assessing HP qualifications or professional practice experiences <sup>(5)</sup>.

In CompHP, the set of 47 competencies needed to develop effective actions in HP is divided into nine domains and comprises the following values (equity, social justice, ethics, autonomy of individuals), skills (HP principles) and knowledge. Each domain specifies the knowledge, skills and performance criteria required to demonstrate the acquisition of the competencies. The nine domains contained in CompHP are: (1) favoring change, (2) Health advocacy, (3) Partnership, (4) Communication, (5) Leadership, (6) Diagnosis, (7) Planning (8) Implementation and (9) Evaluation and Research (4).

There is a growing, though still incipient demand for professional training in Health Promotion (HP) in Brazil. Renowned higher education institutions have established specialization, masters and PhD courses in this area, demonstrating a growing involvement with training in theory and practice in HP <sup>(4)</sup>.

In Brazil, studies focused on vocational training for HP are also scarce. Regarding graduation, the teaching of HP is also incipient. Although there are studies that support the insertion of this training in undergraduate courses, one of the difficulties pointed out for its introduction is related to the conceptual inaccuracy that permeates this field and how such this inaccuracy impacts the training and care provided by health professionals in their routine in Brazilian health services<sup>(6)</sup>.

The present study aimed to investigate the perceptions of professors from a nursing undergraduate course on the domains of CompHP and find to what extent these domains are included in their teaching practice.

## ● METHOD

Qualitative study conducted in 2017 in a public higher education institution of the Northeastern Region of Brazil. In the Metropolitan Region where the study was developed there were four higher education institutions that had undergraduate course in nursing. The site was chosen because it was easily accessed by the researchers.

The criterion of inclusion was being professor from the undergraduate nursing course in the university selected for the study. Educators who had not graduated in nursing were excluded.

Data collection was performed through the administration of an online questionnaire sent by email to the 62 teachers who met the inclusion criteria. The questionnaire remained available for 30 days in an electronic directory. Fifteen questionnaires, which constituted the sample of this study, were returned.

The data were analyzed according to Thematic Analysis. To ensure the anonymity of the participants, their statements were identified by letter D (person) followed by a number (D1 to D15).

The questionnaire covered sociodemographic and educational/professional information. The questions about CompHP were submitted to a pre-test, in which two professors from the undergraduate course of nursing not involved in the research participated. After administration of the pre-test some items were added, and others were modified.

The research project was approved by the University's Research Ethics Committee under statement no. 2.005.435. The Informed Consent Form was sent to the participants along with the questionnaire.

## ● RESULTS

Fifteen educators (11 were women) aged between 25 and 65 years participated in the study. All were experts in different areas of health (Gerontology, Obstetrics, Family Health, Teaching in Higher Education, Child Health, Biochemistry and Molecular Biology, Hospital Administration and Health Management); eleven had a master's degree, and three had a doctoral degree.

All participants had an employment contract. Only one reported having another employment relationship. The minimum length of time in the teaching profession was one year (four professors) and the maximum, 17 years (one professor), with an average of 6 years and 5 months.

Two categories were identified: "Educators' knowledge about health promotion: recognizing CompHP domains" and "Educators' practices in health promotion: application of CompHP domains".

### Category 1: knowledge of the professors about health promotion: recognizing CompHP domains

Table 1 shows some domains identified in the statements of the participants, configured in their knowledge.

**Table 1** - Educators' knowledge about health promotion demonstrated in their knowledge of the Core Competencies Framework for Health Promotion (CompHP) domains. Crato, CE, Brazil, 2016. (continues)

Domain	Evidence of knowledge of the CompHP
<b>Possibility of changes</b>	<i>It is about working to empower people and communities (empowerment) so that they are able to change negative factors that impact their lives, (such as sanitation, water, education)... and able to improve their quality of life. (D6)</i>  <i>For me, health promotion is about empowering the individuals and communities to take the necessary actions to improve their health and quality of life. (D10)</i>
<b>Partnership</b>	<i>Transversal, integrated and inter-sector strategy aimed to promote the quality of life and health of people, in order to reduce vulnerabilities and prevent diseases. (D2)</i>  <i>Health promotion, can improve the quality of life and the health of a person or community when the interdisciplinary healthcare team has previous knowledge about this community and its participation in the process, from a socio-environmental view. (D15)</i>
<b>Communication</b>	<i>It consists in offering educational information that prevents the process of illness. (D13)</i>
<b>Leadership</b>	<i>It is about ensuring that the care recipient acts responsibly in the health-disease process and becomes an agent that multiplies actions that value health in all its aspects. (D7)</i>

<b>Diagnosis</b>	<i>Health promotion is a process that involves aspects that maximize health determining factors. In this process, when health is promoted, diseases are prevented. Therefore, social, cultural, historical, political, environmental and personal aspects should be included in the scope of health promotion. (D4)</i>
	<i>In epidemiology, health promotion can be understood as a series of broad and multiple actions developed in the context of people's lives in their environments, which aim to maximize health determinants in their different dimensions. (D12)</i>

Of the nine domains, only five were expressed in the statements of the participants. Moreover, knowledge of these domains was mentioned by different participants, that is, none of the educators had consistent knowledge of more than one CompHP domain.

### Category 2: The educators' practices in health promotion: application of CompHP domains.

Table 2 shows the application of CompHP domains in teaching practice, according to the participants' responses.

**Table 2** – Core Competencies Framework for Health Promotion (CompHP) domains included in the teaching practice, according to the participants' responses. Crato, CE, Brazil, 2016

<b>Domain</b>	<b>Evidence of presence in the practice</b>
<b>Favoring change</b>	<i>In the discipline women's health, we seek to promote their empowerment to produce changes and improve their health. (D3)</i>
<b>Health advocacy</b>	<i>Encourage students to develop critical thinking and raise their awareness of the fact that the improvement of the quality of life of the people is related to the promotion of environmental health. (D15)</i>
<b>Partnership</b>	<i>Mediation through partnership [...] (D9)</i>
<b>Communication</b>	<i>I establish two tools that I consider important: information (to facilitate communication) and awareness (a presupposition for conscious and transformative education) about the situation experienced in the Unified Health System. (D12)</i> <i>Training of cognitive and instrumental skills - dialogical and dialectical practice. (D4)</i>
<b>Leadership</b>	<i>[...] develop preventive actions, promoting the autonomy of people, aiming to improve their quality of life. (D15)</i>
<b>Diagnosis</b>	<i>[...] identify health risk factors; identify weaknesses [...] (D15)</i> <i>[...] we develop skills based on scientific knowledge. (D3)</i>
<b>Planning</b>	<i>I like to propose educational activities to the students, which are planned according to the needs of the users. This makes activities more likely to succeed. (D2)</i>
<b>Implementation</b>	<i>Prepare the students to intervene positively in the health-disease process, in accordance with the integral health care model. (D15)</i> <i>Promotion of debate and critical reflection on the characteristics of modern society. (D4)</i>
<b>Evaluation and research</b>	<i>[...] conducting research in the area of health promotion. (D14)</i> <i>[...] humanization and practice based on evidence [...]. (D10)</i>

All the domains of CompHP were detected in the teaching practice, as revealed in the responses of the participants. Some educators (D3, D4 and D15) mentioned the use of more than one domain in their teaching practices.

## ● DISCUSSION

The domain favoring change is described in CompHP as the ability of individuals, groups, communities and organizations to build HP actions, in order to improve health and reduce inequalities in this regard<sup>(5)</sup>. This domain was reported by the respondents as integrating their knowledge (Table 1) and in their practice (Table 2), in health promotion. When this aspect is considered in the training of nurses, knowledge can be produced and hegemonic and dominant social practices in health can be promoted, changing the process of student training.

The domain health advocacy, identified only in the teaching practice (Table 2), reaffirms the findings of the literature. Despite the existence of HP guiding documents that recognize health advocacy as a priority, this domain is still little explored. Among the contributing factors are lack of time, other priorities, frustration with the process, scarcity of resources and uncertainty about the impact of individual actions<sup>(7)</sup>.

Thus, nursing educators must emphasize to their students the importance of legislation on health promotion stipulating that the right of the population to health protection and care be assured by the State, through the Unified Health System (SUS). Students encouraged to develop critical thinking are capable of expressing their views, developing their arguments and claiming more attention to the rights of users of the public health system.

The domain partnership shows the importance of the involvement of sectors/disciplines to the promotion of quality of life and health based on the needs of the community. Regarding inter-sector aspects, the findings of this study demonstrate that the professors wish to share technologies and enjoy their benefits, in addition to providing a critical-reflexive knowledge.

According to an interdisciplinary vision, Health Promotion must contemplate the improvement of the quality of life of the population and the recognition of the right to citizenship based on the principles of holistic conception of health, equity, inter-sector collaboration, social participation and sustainability<sup>(8)</sup>.

This domain can be enhanced in educational institutions through the involvement of the students in extension projects, scientific initiation research, research groups, among others. Such involvement would provide the students with the ability to act concomitantly in different services and sectors, strengthening HP actions<sup>(9)</sup>.

The domain partnership, which was detected in the knowledge and practices of the participants, can be developed in the teaching practice in several ways, to contribute to the integration between teaching/services/community/users. We can mention, for example, the partnerships between local health services; between the different curricular components of the course and other areas of knowledge; with other educational institutions, among others. The graduates should be encouraged to overcome the external barriers, complementing their formation process and perceiving the impacts of partnerships, to ensure better planned and effective actions.

Communication is a domain with significant application in teaching. The educators count on several techniques and technologies that facilitate the teaching and learning process. Some respondents indicated this domain, through dialogical practice, dialectics and dissemination of information.

The present study found that the participants wanted to adopt strategies based on the dissemination of educational information to prevent sickening. The communication domain conveys HP actions in an effective way, through the use of techniques and information technology appropriate to the different target populations<sup>(5)</sup>.

Communication has been one of the main nurses' tools in their work activities. In their training process, these professionals need elements that stimulate the acquisition of this domain, in an integrated and meaningful way, employing the various technological and media resources that provide a communication that meets the needs of the target population<sup>(10)</sup>.

The presence of this domain in both categories (Tables 1 and 2) reveals the importance of empowering the individuals in the health-disease process. They are encouraged to share HP actions.

Leadership – domain reported as being part of the educators' knowledge and practices about health promotion in this study - contributes to the development of the shared vision and strategic guidelines, by forming networks with key people, and motivating them to promote changes that improve health and reduce inequities<sup>(5)</sup>. Leading is a complex activity and requires various attributes. Some individuals have inherent leadership traits that merely need to be adapted to their professional context; others have to develop such skills<sup>(11)</sup> To ensure the availability of professionals that master this domain, methods that encourage the students to work as a team, negotiate, resolve conflicts, make decisions, seek new knowledge and devote themselves to the development of skills essential to be a leader should be adopted since undergraduation.

Diagnosis was another domain detected in the knowledge and practice of the educators who participated in this study. It facilitates the acquisition of essential information on the assisted population, which is essential for the planning and the implementation of the actions. Health professionals should master the methodologies of research, epidemiology and statistics, as well as the different methods of interpretation of the information collected<sup>(12)</sup>.

Diagnosis refers to the needs and potentials of the partnership with actors/ social partners in the context of political, economic, social, cultural, environmental, behavioral and biological determining factors that promote or jeopardize health<sup>(5)</sup>. Thus, the development of research in HP, the identification of the social determining factors and health needs that impact HP in the statements of the participants of the study, contemplated this domain.

The domain planning was not identified in the educators' knowledge. Some considerations should be made about this finding, since planning is indispensable to the pedagogical practice as an organizing and guiding tool of the work process. In the planning stage, the educator outlines the necessary actions to be taken to achieve the proposed goals. This domain also guides the search for autonomy, decision making, problem solving and contributes to the identification of HP strategies suitable to the achievement of the goals and objectives set/agreed<sup>(13)</sup>.

The domain implementation was identified when communication strategies were measured and the participants started the discussions. The educators count on resources and materials that facilitate the mastery of implementation in different ways: workshops, conversation rounds, group dynamics and lectures, among others. The use of different strategies provides more chances to arouse the interest of the participants, besides contributing to their greater involvement and empowerment<sup>(14)</sup>.

The development of research and evidence-based practice concerned the use of the CompHP's evaluation and research domain in the teaching practice. This can be justified by the link between teaching and research in the universities. Undergraduate and postgraduate professors do a great deal of research, particularly because of the financial incentives available for research projects. Conducting research is a required prerequisite of many courses.

The evaluation contributes to redefine and improve HP actions by providing information that will help in the decision making process. Thus, planning and execution of the evaluation must take into consideration its multiple purposes, which are related to the profile of skills and competencies desired. The choice of methods depends on what is being evaluated and on the purposes of the evaluation<sup>(15)</sup>.

Based on the identification of the aforementioned domains, it can be affirmed that when the participants report knowledge of these domains, the nurses of the institution where the study was conducted are more likely to acquire the competencies assured by these domains.

Interestingly, some CompHP domains were not reported by the participants in their responses. Although all CompHP domains integrated the teaching practice of the institution, it cannot be affirmed that all these domains are fully implemented by the participants.

It is inferred that the non-inclusion of these domains in the educators' teaching practice impairs the training of nursing professionals, resulting in some difficulties, e.g. difficulty mobilizing processes aimed to claim more attention to the rights of the individuals, communities and organizations, with the purpose of improving health (advocacy); developing HP goals and objectives that can be measured based on needs and potential diagnoses in partnership with actors/stakeholders (planning); implement effective, efficient, culturally sensitive and ethical HP actions, in partnership with actors/social partners (implementation); and using appropriate evaluation and research methods, in partnership with stakeholders/social partners to determine the scope, impact and effectiveness of HP actions (evaluation and research).

Given the weakness of some domains exercised by the educators who participated in the study, especially planning and evaluation, which were infrequent in the participants' responses, the success of HP practices may be jeopardized, both for the educators and for their students. In addition, it is inferred that the consequence of the fragmented use of these domains is nurses with difficulties of also implementing domains little explored during graduation.

Thus, the construction and contextualization of meanings during the learning process, integrating theory and practice, provide reflection and theorization based on the reality of practice, developing professional capacities that make it possible to review curriculum priorities. In a competency-based curriculum, transmitting knowledge is less important than the ability to use one's knowledge to accomplish what is intended <sup>(16)</sup>.

The importance of consistent knowledge and awareness of the competencies in HP by the nursing professors is stressed here because the organization and legitimation of the transition from a teaching based on knowledge of disciplines to one defined by the production of competencies in concrete and specific situations occurs in the pedagogical sphere. With this new teaching based on the production of competencies the individuals can understand, master and mobilize resources of different natures (knowledge, skills and attitudes) <sup>(17)</sup>.

Therefore, health professionals must master the competencies in order to meet the needs and health demands of the population in real situations, through continuous development and improvement during graduation and professional experience. This requires the use of innovative pedagogical strategies, based on the theoretical-living learning, that arouses the students' interest and involvement in their own learning and, consequently, in their formation <sup>(18)</sup>.

One limitation of this study was the use of a questionnaire as the only method of data collection and the small sample size: a low percentage of the individuals invited to participate agreed to do so.

## ● CONCLUSION

The nine domains of Core Competencies Framework for Health Promotion were reported by the participants when asked about health promotion practices. However, knowledge of the domains of advocacy, planning, implementation and evaluation and research was not reported by these professionals.

The discrepancy between the participants' statements related to knowledge and practices of the domains of the Core Competencies Framework for Health Promotion can be justified by the scarce theoretical contribution to the topic, which may imply a failure in the nurses' training process in what concerns health promotion-related competencies.

The teaching practice related to health promotion actions based on the Core Competencies Framework for Health Promotion should be constantly reexamined. For this, qualification and continuous training of the professors of the different disciplines is essential to contribute to the acquisition of the knowledge, skills and attitudes necessary to guide and to lead health promotion practices and ensure highly qualified professionals.

## ● REFERENCES

1. Valle ARMC. Competências do enfermeiro para ações preventivas na atenção domiciliar com ênfase nos riscos de infecção [Tese]. Ribeirão Preto: Escola de Enfermagem de Ribeirão Preto; 2013. Disponível em: <http://www.teses.usp.br/teses/disponiveis/22/22132/tde-26092013-182224/pt-br.php>.
2. Fragelli TB, Shimizu HE. Competências profissionais em Saúde Pública: conceitos, origens, abordagens e aplicações. *Rev. bras. enferm.* [Internet] 2012;65(4) [acesso em 18 jan 2018]. Disponível: <http://dx.doi.org/10.1590/S0034-71672012000400017>.
3. Barry MM, Battel-Kirk B, Dempsey C. The CompHP Core Competencies Framework for Health Promotion in Europe. *Health Education & Behavior.* [Internet] 2012;39(6) [acesso em 18 jan 2018]. Disponível: <http://dx.doi.org/10.1177/1090198112465620>.
4. Pinheiro DGM, Scabar RG, Maeda ST, Fracolli LA, Pelicioni MC, Chiesa AM. Health promotion competencies: challenges of formation. *Saude soc.* [Internet] 2015;24(1) [acesso em 00 mês 0000]. Disponível: <http://dx.doi.org/10.1590/S0104-12902015000100014>.
5. Barry MM, Battel-Kirk B, Davison H, Dempsey C, Parish R, Schipperen M, et al. The CompHP Project Handbooks. [Internet] Paris: International Union for Health Promotion and Education; 2012 [acesso em: 18 jan 2018]. Disponível: [http://www.fundadeps.org/recursos/documentos/450/CompHP\\_Project\\_Handbooks.pdf](http://www.fundadeps.org/recursos/documentos/450/CompHP_Project_Handbooks.pdf).
6. Silva KL, de Sena RR, Grillo MJ, Horta NC. Formação do enfermeiro: desafios para a promoção da saúde. *Esc. Anna Nery Rev.* [Internet] 2010;14(2) [acesso em 18 jan 2018]. Disponível: <http://dx.doi.org/10.1590/S1414-81452010000200022>.
7. Andrade RD, Mello DF, Silva MA, Ventura CA. Advocacia em saúde na atenção à criança: revisão da literatura. *Rev. bras. enferm.* [Internet] 2011;64(4) [acesso em 18 jan 2018]. Disponível: <http://dx.doi.org/10.1590/S0034-71672011000400017>.
8. Silva KL, de Araújo FL, Santos FB, Andrade AM, Basílio NC, de Sena RR. O que vem se falando por aí em competências no ensino da promoção da saúde na formação do enfermeiro? *ABCS Health Sci.* [Internet] 2015;40(3) [acesso em 18 jan 2018]. Disponível: <http://dx.doi.org/10.7322/abcshs.v40i3.809>.
9. Tusset D, Nogueira JAD, Rocha DG Rezende R. Análise das competências em promoção da saúde a partir do marco legal e dos discursos dos profissionais que implementam Programa Saúde na Escolano Distrito Federal. *Tempus, Actas de Saúde Colet.* [Internet] 2015;9(1) [acesso em: 19 jan 2018]. Disponível: <http://tempusactas.unb.br/index.php/tempus/article/view/1701>.
10. Almeida ME. Gestão de tecnologias, mídias e recursos na escola: o compartilhar de significados. Em Aberto. [Internet] 2008;21(79) [acesso em 18 jan 2018]. Disponível: <http://emaberto.inep.gov.br/index.php/emaberto/article/view/2306/2269>.
11. Nascimento CD, Fonseca ISS, Moura SB, Servo MLS. Agir do enfermeiro no exercício da liderança em enfermagem: dificuldades da prática. *Rev. enferm. UFPE on line.* [Internet] 2008;2(4) [acesso em 18 jan 2018]. Disponível: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/5356/4575>.
12. Pompeo DA, Rossi LA, Galvão CM. Revisão integrativa: etapa inicial do processo de validação de diagnóstico de enfermagem. *Acta paul. enferm.* [Internet] 2009;22(4) [acesso em 18 jan 2018]. Disponível: <http://dx.doi.org/10.1590/S0103-21002009000400014>.
13. de Carvalho VL, de Oliveira AL, Alves IK, Silva RL, da Silva CB. Competências para promoção da saúde em formandos dos cursos da área da saúde. *Rev. enferm. UFPE on line.* [Internet] 2017;11(Suppl 8) [acesso em 18 jan 2018]. Disponível: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/110193>.

14. Cardoso LS, Cezar-Vaz MR, da Costa VZ, Bonow CA, de Almeida MC. Promoção da saúde e participação comunitária em grupos locais organizados. *Rev. bras. enferm.* [Internet] 2013;66(6) [acesso em: 18 jan 2018]. Disponível: <http://dx.doi.org/10.1590/S0034-71672013000600018>.
15. Panúncio-Pinto MP, Troncon LE. Avaliação do estudante – aspectos gerais. *Medicina (Ribeirão Preto)*. [Internet] 2014;47(3) [acesso em 18 jan 2018]. Disponível: [http://revista.fmrp.usp.br/artigos\\_2014.htm](http://revista.fmrp.usp.br/artigos_2014.htm).
16. Chiesa AM, Fracolli LA, Veríssimo MLR, Zoboli ELCP, de Ávila LK, de Oliveira AAP. A construção de tecnologias de atenção em saúde com base na promoção da saúde. *Rev. esc. enferm. USP*. [Internet] 2009;43(2) [acesso em 18 jan 2018]. Disponível: <http://dx.doi.org/10.1590/S0080-62342009000600036>.
17. Mestriner Júnior W, Mestriner SF, Bulgarelli AF, Mishima SM. O desenvolvimento de competências em atenção básica à saúde: a experiência no projeto Huka-Katu. *Ciênc. saúde coletiva*. [Internet] 2011;16(Suppl 1) [acesso em: 18 jan 2018]. Disponível: <http://dx.doi.org/10.1590/S1413-81232011000700022>.
18. Spagnol CA, Soares AN, Silveira BV. Experiências pedagógicas vivenciadas na disciplina competências e habilidades pra gestão de pessoas na organização de saúde. *RECOM*. [Internet] 2012;2(3) [acesso em 18 jan 2018]. Disponível: <http://www.seer.ufsj.edu.br/index.php/recom/article/view/246/359>.