

## HISTORICAL TRAJECTORY OF CURRICULAR TRAINING IN BRAZILIAN UNDERGRADUATE NURSING PROGRAMS: DILEMMAS AND TENSIONS\*

Larissa Sapucaia Ferreira Esteves<sup>1</sup>, Isabel Cristina Kowal Olm Cunha<sup>2</sup>, Elena Bohomol<sup>3</sup>, Vanessa Ribeiro Neves<sup>4</sup>

**ABSTRACT:** Objective: describe and analyze the historical trajectory of the legislation underlying undergraduate Nursing education in Brazil, focusing on the development of the Curricular Training from the start of vocational education until today. Method: qualitative and historical study using documentary analysis. The data were collected between February and April 2017. The primary data sources were laws, decrees, resolutions and official opinions of federal and professional entities issued between 1890 and 2017. Results: twenty-one official documents were identified that regulated the historical trajectory of higher Nursing education and curricular training. The intentionality of the traineeships underwent profound changes in the course of history, from the supply of workforce to professional competency building. Conclusion: despite disputes between the educational sphere and the job world, it should be weighted that these are not contrary but complementary systems.

**DESCRIPTORS:** Traineeships; Education, Higher; Nursing; Education, Nursing; History of Nursing.

### TRAJETÓRIA HISTÓRICA DO ESTÁGIO CURRICULAR NA GRADUAÇÃO EM ENFERMAGEM NO BRASIL: DILEMAS E TENSÕES

**RESUMO:** Objetivo: descrever e analisar a trajetória histórica da legislação que sustenta o ensino de graduação em Enfermagem no Brasil, com foco no desenvolvimento do Estágio Curricular desde o princípio da formação profissional até os dias atuais. Método: estudo qualitativo, de natureza histórica, que utilizou a análise documental como abordagem. Os dados foram coletados entre fevereiro e abril de 2017. As fontes primárias dos dados foram leis, decretos, resoluções e pareceres oficiais de órgãos federais e da profissão, no período de 1890 a 2017. Resultados: foram identificados 21 documentos oficiais que regulamentaram a trajetória histórica do ensino superior em Enfermagem e do estágio curricular. A intencionalidade dos estágios passou por profundas modificações ao longo da história, partindo da oferta de mão de obra para momento de edificação de competências profissionais. Conclusão: embora haja disputas entre o campo da formação e o mundo do trabalho, há que se ponderar que não se trata de forças contrárias, mas de sistemas que se complementam.

**DESCRIPTORIOS:** Estágios; Educação superior; Enfermagem; Educação em enfermagem; História da enfermagem.

### TRAYECTORIA HISTÓRICA DE LA PASANTÍA CURRICULAR EN LA EDUCACIÓN DE PREGRADO EN ENFERMERÍA EN BRASIL: DILEMAS Y TENSIONES

**RESUMEN:** Objetivo: describir y analizar la trayectoria histórica de la legislación que soporta la enseñanza de pregrado en Enfermería en Brasil, con foco en el desarrollo de la Pasantía Curricular desde el principio de la formación profesional hasta los días actuales. Método: estudio cualitativo, del tipo histórico, que utilizó el análisis documental como aproximación. Los datos fueron recolectados entre febrero y abril del 2017. Las fuentes primarias de los datos fueron leyes, decretos, resoluciones y opiniones oficiales de entidades federales y profesionales, en el período desde 1890 hasta 2017. Resultados: fueron identificados 21 documentos oficiales que regularon la trayectoria histórica de la educación superior en Enfermería y de la pasantía curricular. La intencionalidad de las pasantías pasó por modificaciones profundas a lo largo de la historia, avanzando desde la oferta de mano de obra hacia la construcción de competencias profesionales. Conclusión: a pesar de disputas entre el campo de la formación y el mundo del trabajo, se debe ponderar que no se trata de fuerzas contrarias, pero de sistemas complementarios.

**DESCRIPTORIOS:** Pasantías; Educación Superior; Enfermería; Educación en Enfermería; Historia de la enfermería.

\*Paper taken from the doctoral dissertation "Supervised Curricular Training: the Picture of teaching in the state of São Paulo". Universidade Federal de São Paulo, 2018.

<sup>1</sup>RN. Ph.D. candidate in Nursing. Professor at Universidade do Oeste Paulista. São Paulo, SP, Brazil.

<sup>2</sup>RN. Associate Professor. Retired Nursing Professor at Universidade Federal de São Paulo. São Paulo, SP, Brazil.

<sup>3</sup>RN. Associate Professor. Professor at Universidade Federal de São Paulo. São Paulo, SP, Brazil.

<sup>4</sup>RN. Ph.D. in Sciences. Nursing Professor at Universidade Federal de São Paulo. São Paulo, SP, Brazil.

#### Corresponding author:

Larissa Sapucaia Ferreira Esteves  
Universidade Federal de São Paulo  
R. José Tarifa Conde, 334 - 19020540 -Presidente Prudente, SP, Brasil  
E-mail: larissasapucaiaesteves@gmail.com

Received: 21/02/2018

Finalized: 28/09/2018

## ● INTRODUCTION

For a long time, nursing care was not thought of as based on a set of theoretical knowledge, but only as a set of practical experiences, and often completely disjointed from theory. Other non-nurse practitioners were often responsible for the supervision. Many schools were set up in Brazil only to cheapen hospital care by exploring students' practical and unpaid work<sup>(1-3)</sup>.

Since 1988, the Brazilian population has witnessed the strengthening of health policies, programs and actions proposed by the Unified Health System (SUS) through the ongoing implementation of innovative strategies. The practical consolidation of the doctrinal and organizational principles that guide the SUS has provoked a series of transformations in the way health care is offered, generating concerns at the training establishments<sup>(4)</sup>.

The training of a professional critical mass capable of understanding the principles and guidelines of the SUS is a condition to guarantee the solid health actions and progress in the practice of healthcare comprehensiveness, humanization, promotion and surveillance<sup>(1)</sup>. To that end, the alignment between the health and education sectors was indicated by the Federal Constitution, Art. 200, which defines that it is the responsibility of the SUS to "organize human resource training in the health area"<sup>(5)</sup>.

In this perspective, there is no way to ensure the construction of the Unified Health System without considering the nature of the training process in depth. The teaching-learning means and methods that seek to approach and insert the future professional in the concrete world of health work constitute strategies to ensure the implementation and effectiveness of the health policies as they were idealized<sup>(2)</sup> and this moment of insertion in the professional practice has different concepts and meanings throughout history.

The clinical activities developed in health services do not have the same category of Supervised Curricular Training (SCT). The misinterpretation that includes any clinical practice as SCT sustains the continuation of old teaching models, in an apparent adaptation to the new guidelines<sup>(6)</sup>.

The SCT is characterized by the termination of the education process and can bring important educational contribution to the nurses, being a strategy that truly impacts the professional education, being part of a curricular structure that guarantees in advance both clinical practices of specific disciplines and activities intended to bring the student closer to the professional practice in diversified settings<sup>(3,6)</sup>.

In view of the articulation and training potential of the SCT, the Brazilian Curricular Guidelines (BCGs) for Undergraduate Health Programs present this phase as a mandatory component of the final year of education and determine that, in Nursing, the length of this phase should correspond to, at least, 20% of the total course hours<sup>(7)</sup>.

In order to perform the SCT, the BCGs ensure the effective participation of the nurses working in health services<sup>(7)</sup> as a communication and cooperation link between education and the world of work. The conception of SCT as a pedagogical resource based on action-reflection-action on the situations the student experiences is relatively new, and earlier experiences were marked by countless tensions throughout history.

Originally, the trainee was considered more as a provider of labor than a pedagogical step in the education of the future professional. Over time, the academic community started to question this, through debates and struggles, considering the training as a strategic moment of transformation of labor practices and thus being a part of the methodological arsenal of the educational process, in the search for new worker profiles<sup>(3)</sup>.

Although it is clear in the BCGs that the SCT should be one of the fundamental elements for academic training and the idea of developing health service education has been present in the curricula since the founding of the first nursing schools, there is no consensus in the curricular organizations on the concept of SCT, nor in the debates promoted by class entities, producing negative reflexes for the training of nurses<sup>(2)</sup>.

Thus, the purpose of this study is to describe and analyze the historical trajectory of the law that

underpins undergraduate nursing education in Brazil, focusing on the development of the Curricular Training (CT) from the beginning of vocational training until receiving the denomination and the current intentionality of Supervised Curricular Training (SCT).

## ● METHOD

Qualitative study, using historical research as the method, aiming to analyze the origins, fundamentals and historical trajectory of CT in the vocational training of nurses in Brazil<sup>(8)</sup>.

Documentary research was used because the proposal was to analyze textual documents that could show the historical trajectory of the different conceptions of CT in the vocational training of nurses. To do so, the following steps were undertaken: locating the official documents that have regulated Nursing teaching in Brazil since 1890; detailed reading of the findings, joining those documents with information about the forms of traineeships during undergraduate Nursing education; and finally, the analysis of the documents found to identify the true intentions of the undergraduate nursing traineeship until the implementation of the SCT<sup>(8)</sup>.

Data collection was carried out between February and April 2017 in the official databases of the Brazilian government, including: Civil Office, Ministry of Education, Ministry of Health, Ministry of Labor, and databases of the Federal Nursing Council (COFEN) and the Brazilian Nursing Association (ABEn). For the documentary search, the keywords laws, legislation, resolution, concierge, opinion were used in combination with the descriptor nursing. We excluded the documents that did not deal with nursing education in Brazil, that did not discuss the theme Curricular Traineeship and that were not available in full. The documents chosen for inclusion in the review were laws, decrees, resolutions, ordinances and opinions as from 1890, considered the initial year of Nursing education in Brazil.

In order to organize the data, the authors constructed an instrument that contained the year of publication, type of legislation, focus statement, determination about the CT, intentionality of the training in the document and the entity responsible for the publication. The documents were arranged in chronological order. The content of the documents was compiled and the findings were then discussed in the light of the historical context of each curriculum and the scientific literature available on the theme.

## ● RESULTS

In the 127-year period (1890-2017), 21 official documents were identified that describe the history of Nursing education in Brazil: seven laws, five decrees, three National Education Council resolutions, four COFEN resolutions, and an opinion by ABEn. After surveying the legislative arsenal, six different curricular proposals could be identified for the undergraduate Nursing programs in Brazil, as presented in Table 1.

Table 1 – Legislative framework that guided the vocational training of nurses in Brazil and the CT between 1890 and 2017. São Paulo, SP, Brazil, 2017

YEAR	LEGISLATION	FOCUS STATEMENT
1890	Decree No. 791, from September 27 <sup>th</sup> 1890 <sup>(9)</sup> .	Creates a vocational school for male and female nurses at the Hospício Nacional de Alienados: <b>1<sup>st</sup> model curriculum.</b>
1923	Decree No. 16.300, from December 31 <sup>st</sup> 1923 <sup>(10)</sup> .	Approves the regulations of the National Public Health Department: <b>2<sup>nd</sup> model curriculum.</b>
1931	Decree No. 20.109, from June 15 <sup>th</sup> 1931 <sup>(11)</sup> .	Regulates the practice of nursing in Brazil and sets the conditions for the leveling of Nursing schools.
1932	Decree No. 21.141, from March 10 <sup>th</sup> 1932 <sup>(12)</sup> .	Approves the regulations for the organization of the Army nursing staff.
1948	Decree No. 24.768, from April 6 <sup>th</sup> 1948 <sup>(13)</sup> .	Grants equalization to the Nursing school of the Brazilian Red Cross.

1949	Law No. 775, from August 06 <sup>th</sup> 1949 <sup>(14)</sup> .	Introduces Nursing teaching in the country and other measures.
1961	Law No. 4.024, from December 20 <sup>th</sup> 1961 <sup>(15)</sup> .	Sets the Guidelines and Foundations of National Education.
1962	Opinion No. 271, from October 19 <sup>th</sup> 1962 <sup>(16)</sup> .	Sets the minimum curriculum for undergraduate Nursing programs in Brazil: <b>3<sup>rd</sup> model curriculum.</b>
1968	Law No. 5.540, from November 28 <sup>th</sup> 1968 <sup>(17)</sup> .	Sets standards for the organization and functioning of higher education and its articulation with medical school and establishes other measures.
1972	Federal Education Council Resolution No. 4, from February 25 <sup>th</sup> 1972 <sup>(18)</sup> .	Establishes a new minimum curriculum for undergraduate Nursing programs in Brazil: <b>4<sup>th</sup> model curriculum.</b>
1977	Law No. 6.494, from December 7 <sup>th</sup> 1977 <sup>(19)</sup> .	Introduces the traineeships of students from higher vocational education and other measures.
1988	Law No. 8080, from September 19 <sup>th</sup> 1990 <sup>(20)</sup> .	Introduces the conditions for the promotion, protection and recovery of health, the organization and functioning of the corresponding services and other measures.
1994	Education and Sports Department Decree No. 1721, from 1994 <sup>(21)</sup> .	Sets the minimum content and length of the undergraduate Nursing program: <b>5<sup>th</sup> model curriculum.</b>
1996	Law No. 9.394, from December 20 <sup>th</sup> 1996 <sup>(22)</sup> .	Sets the Guidelines and Foundations of National Education.
2001	Federal Education Council Resolution No. 3, from November 07 <sup>th</sup> 2001 <sup>(7)</sup> .	Establishes the National Curricular Guidelines for Undergraduate Nursing Programs: <b>6<sup>th</sup> model curriculum.</b>
2004	National Education Council Resolution No. 1, from January 21 <sup>st</sup> 2004 <sup>(23)</sup> .	Sets National Guidelines for the organization and execution of Traineeships by Vocational and Secondary students, including Special Education and Youth and Adult Education.
2005	Federal Nursing Council Resolution No. 299, from March 16 <sup>th</sup> 2005 <sup>(24)</sup> .	Introduces indications for supervised curricular traineeships by undergraduate and technical Nursing students.
2008	Law No. 11788, from September 25 <sup>th</sup> 2008 <sup>(25)</sup> .	Introduces student traineeships.
2010	Federal Nursing Council Resolution No. 371, from September 8 <sup>th</sup> 2010 <sup>(26)</sup> .	Introduces nurse supervision during traineeships or any practical activities.
2013	Federal Nursing Council Resolution No. 441, from May 15 <sup>th</sup> 2013 <sup>(27)</sup> .	Introduces the nurse's participation in the supervision of practical activities and supervised training of students at different vocational Nursing education levels.
2017	Federal Education Council Resolution No. 539, from April 07 <sup>th</sup> 2017 <sup>(28)</sup> .	Introduces paragraph II of article 1 in Cofen Resolution No. 441/2013.

Source: the authors

## ● DISCUSSION

Decree No. 791, which creates a vocational school for male and female nurses at the *Hospício Nacional de Alienados* in Rio de Janeiro, presents the **first model curriculum** for nursing schools in Brazil. That curriculum contained the essential disciplines for the education of nurses, without determining the hour load of each. It established that the theoretical course, developed in two years, should take place three times a week, after the inspector's visit to the nursing wards where the trainee was. The students would receive financial gratification and should assist the establishment's employees in the work<sup>(9)</sup>.

The teaching was basically carried out through the training, which also guaranteed workforce for the health establishment<sup>(9)</sup>. In many locations, when the group of teachers and students entered the health institution, the employees were moved to other tasks, leaving the school in charge of the nursing care<sup>(29)</sup>.

In 1923, Decree No. 16.300 approved the regulation of the National Public Health Department (DNSP),

which created the School of Nursing of the DNSP, with the aim of educating nurse practitioners for the public health services and the general or specialized work of private hospitals and clinics. This decree presented the **2<sup>nd</sup> model curriculum** for Nursing schools in Brazil. The course was held in two years and four months and the theoretical and practical classes were to be taken concomitantly. During the training, then called the “test stage”, the students worked in the hospital for eight hours a day and were responsible for the entire hospital care<sup>(10)</sup>.

Next, through Decree No. 20.109, the Nursing School Anna Nery, now an educational model to be followed in the country, establishes that only nurse practitioners whose degree has been registered in the DNSP, the entity responsible for supervising the curricula, are entitled to the title of registered nurse. Registered nurses carry out the teaching, excluding those without official education. The document does not clearly determine the time spent on training<sup>(11)</sup>.

In 1932, Decree No. 21.141 recognized the education of male and female military nurses trained by the Brazilian Red Cross. The document presented a curriculum in which the education should take place in two parts: the first through theoretical and practical classes; and the second, called “application teaching”, carried out by successive traineeships in clinical and laboratory services, granting the traineeship a fundamental role in vocational training. That curriculum was restricted to the training of military nurses<sup>(12)</sup>. Sixteen years later, in 1948, the Nursing education of the Red Cross was equated with the Anna Nery standard, through Decree No. 24.768<sup>(13)</sup>.

Until that time, there was no official distinction between technical and higher nursing education. In 1949, Law No. 775 separated the higher education course in Nursing from the Nursing Assistant Course, and the education of nurses started to take 36 months, including traineeships. Undergraduate programs in Nursing went to the university. At that moment, the undergraduate nursing programs need authorization from the Federal Government for their operation<sup>(14)</sup>.

The first Law of Basic Guidelines for National Education was established through Law No. 4.024. The Federal Government started to regulate the professional training of nurses by establishing that the minimum curricula for undergraduate courses would come from the Federal Council of Education, but did not present, at that time, the curricular proposal to be followed<sup>(15)</sup>.

In the following year, Opinion No. 271 determined that vocational Nursing education would no longer have the Anna Nery School as the standard, passing to the Federal Council of Education the competence to establish the minimum curriculum, which is the **3<sup>rd</sup> official model curriculum** in Brazil<sup>(16)</sup>.

In this curriculum, the undergraduate course in Nursing was divided into two parts, the first being called the General Course, which took three years, with a strong cure and hospital-centered nature. Following this, the student could choose either the Public Health Nursing Course or the Obstetric Nursing Course, each taking one year. In relation to the traineeships, the workload was reduced from 40 hours a week<sup>(11)</sup> to 20 hours a week and teachers were expected to stay in the field only during the traineeship period<sup>(16)</sup>.

In 1968, the Federal Government set standards for the organization and functioning of higher education in general, and determined that it would also respond to changes in the labor market, fostering the link between teaching and health services<sup>(17)</sup>. As the teaching-learning process was systematized by nurse teachers, the participation of service professionals in the organization and implementation of curricular activities was reduced, which contributed to stress the distance between health and teaching institutions<sup>(2)</sup>.

In 1972, Resolution No. 4 of the Federal Education Council established a new minimum curriculum, corresponding to the **4<sup>th</sup> model curriculum** for nursing education in Brazil. According to art. 9 of this proposal, in general nurse practitioner education and in all the qualifications, the Supervised Curricular Training (SCT) would be required. This name appeared for the first time. That activity should take place in hospitals and other medical-health services, with an hour load higher than one-third of that corresponding to the vocational part of the curriculum, and distributed throughout the education period<sup>(18)</sup>.

To officially safeguard the students from being used as cheap labor, in 1977, Law No. 6.494, the 1st traineeship law was enacted. This law presented the clear concept of the intentionality of the

traineeships in secondary and higher education. These should provide for the complementation of teaching and learning and be planned, implemented, monitored and evaluated in accordance with the curricula, programs and school calendars, in order to be integrated into practical training, cultural, scientific and human relations<sup>(19)</sup>.

Although there were tensions about the role of the traineeship in the vocational education, the undergraduate Nursing programs were focused on meeting the needs of the job market, being strongly organized for tertiary care at the time, without a direct relation with the public health policies adopted in the country at that time. The lack of approximation between the vocational education and the health system's objectives contributed to the lack of preparation of future nurses to meet emerging health needs<sup>(30)</sup>.

It was only with the enactment of Law 8080, from 1990, that the organization of professional health education was guaranteed, aligning the Education System and the Health System<sup>(20)</sup>.

To meet the new health logic, a new curriculum became necessary. The **5<sup>th</sup> model curriculum** was established in 1994 and, in this proposal, the SCT was reaffirmed as a fundamental strategy of articulation between theory and practice and approximation between teaching and health services. According to Ordinance No. 1721 of the Federal Education and Sport Department, in addition to theoretical and practical content, Nursing courses would be obliged to include in the curriculum SCT in hospitals, outpatient clinics and the basic network of health services. The SCT would be developed under teacher supervision with the actual participation of the nurse practitioner from the health services where the traineeships would be developed. The document emphasized that the SCT should be carried out in two academic semesters without mentioning the total hour load<sup>(21)</sup>.

In 1996, the Federal Government opened the secondary and higher level academic education to the private sector, through the new Law of Guidelines and Bases of National Education<sup>(22)</sup>. That measure stimulated the unbridled creation of undergraduate courses, which granted the population greater access to higher education by increasing the number of places, but at the same time contributed to the reduction in the quality of education.

The **6<sup>th</sup> and last model curriculum** was established in 2001, when the National Council of Education (CNE) established the National Curricular Guidelines (DCN) for undergraduate courses in Nursing<sup>(7)</sup>. In this proposal, the implementation and development of the SCT in the undergraduate courses became official. The effective participation of nurse practitioners in the planning, organization and supervision of students has brought new demands to the deliberative entities of the profession though. The establishment of the DCN triggered a series of debates within COFEN and ABEn, mainly concerning the responsibility and the intentionality of the nurse practitioner concerning the undergraduate students.

To guarantee this experience and, once again, to protect students from the anticipated practice of actual professional work, the CNE enacted Resolution No. 1, stating that any and all training activities would always be of a curricular and supervised nature, under the responsibility of the Higher Education Institution (HEI) and representing an educational act<sup>(23)</sup>. Unlike the previous models, when the students were responsible for nursing care, executed during long work journeys, paid or not, this resolution determined that the workload of the supervised professional traineeship could not exceed a daily workload of six hours, totaling 30 hours a week.

For COFEN, according to Resolution No. 299, the planning, execution, supervision and evaluation of the activities would be the responsibility of the HEI, with the participation of the nurse practitioner from the training area. The units selected for the training actions should have the conditions to provide practical experience in the training field, and the student should be able to complete the traineeship. The entity representing the class determines that the nurse from the services granting SCT cannot perform the job functions and those of training supervisor at the same time<sup>(24)</sup>.

The Ministry of Labor also declared its position on the subject of SCT through Law No. 11788, stating that the traineeship was a supervised school education act and should therefore be effectively monitored by the HEI monitoring professor and by a field supervisor of the granting institution, respecting the proportion of up to 10 trainees per professional<sup>(25)</sup>.

Discussions on the subject continued. In 2010, COFEN issued Resolution No. 371<sup>(26)</sup>, clarifying the

role of the nurse practitioner in relation to Law No. 11888/2008<sup>(25)</sup>. This professional should guide and supervise students during the internship and in any practical activities, participating in the formalization and planning of the internship.

These documents served as a guide to foster discussions at the 13<sup>th</sup> National Seminar on Guidelines for Nursing Education, which resulted in the publication of the Belém Charter in 2012<sup>(31)</sup>. In response to this initiative, COFEN established a commission to discuss the SCT theme and, in 2013, issued Resolution No. 441. This regulation returned to the matter of the nurse practitioner's participation in the supervision of practical activities and supervised training, defining what this entity understood by practical activity and SCT. According to the document, the nurse teacher should deal with the activities; in turn, the HEI's monitoring professor and the supervisory nurse practitioner from the granting institution should effectively and continuously monitor the SCT<sup>(27)</sup>.

The last published document on the subject of SCT was COFEN Resolution 539(28), which revoked Art. 1, item II of COFEN Resolution No. 441/2013<sup>(27)</sup>, which defined what was understood by SCT. Currently, there is no concept of what SCT means to that entity.

Throughout this trajectory, we have observed an advance in the reflection movement about the educational objectives in the vocational training of nurses, and that this process unfolded in regulations, both for teaching and professional practice, sometimes protecting the students, and sometimes protecting the nurse practitioners in the field from deviations from their educational and work functions. What is observed today, however, is the existence of an often divergent legislative arsenal, which has contributed to the distance between Nursing teaching and the reality of the job world.

The purpose of this study was to list historical facts that demarcated the implementation of the SCT as a final pedagogical activity of nurses' education and its importance for the development of the future professional. It should be emphasized that this is not a final study, in which the aim was to exhaust all existing legislation, but merely to collaborate with future debates.

## ● FINAL CONSIDERATIONS

Although there are disputes between the educational sphere and the job world, it is not about opposing forces, but about mutually complementary systems. Vocational training in Nursing aims to prepare nurses to defend the key concepts of the profession and perform their profession autonomously and with its particular characteristics, based on the logic of interdisciplinarity. The latter will only be possible if the student experiences the actual job world, under the guidance of a nurse practitioner working in the field of training, the tutorship of a teacher and the advice of other professionals engaged in the healthcare production processes.

The SCT should be characterized as an opportune space for the student's immersion in the field of work, through the socialization of experiences, with a scientific background, ethical action and practical performance experienced among already graduated professionals.

The disputes and tensions surrounding the implementation and development of the SCT in undergraduate nursing courses show the existing and natural movement the social actors involved provoke and thus build the history. These movements provoke and foment the processes of changes in the ways of teaching and learning nursing. History highlights tensions and obstacles and helps in the process of evolution, stimulating the permanent overcoming of difficulties and barriers found in the improvement of teaching processes.

It is believed that these historical reflections can serve as support to foster discussions among the social actors in nursing education, mobilizing professionals who participate in the elaboration of educational policies and even those who put them into practice. The lack of a clear understanding of the concepts and intentionalities in the activities performed in the health services, whether clinical practices or SCT, can compromise the quality of nurses' vocational education and, consequently, the effectiveness of the Brazilian Health System itself.

## ● ACKNOWLEDGEMENT

The doctoral research was supported through a Study Grant from the Social Demand Program – Coordination for the Improvement of Higher Education Personnel – CAPES (Joint Decree CAPES/CNPQ No. 1, July 15<sup>th</sup> 2010).

## ● REFERENCES

1. Sales PRS, Marin MJS, Silva Filho CR. Integração academia-serviço na formação de enfermeiros em um hospital de ensino. *Trab. educ. saúde*. [Internet]. 2015 [acesso em 2017 fev 30];13(3). Disponível em:<http://dx.doi.org/10.1590/1981-7746-sip00057>.
2. Costa LM, Germano RM. Estágio curricular supervisionado na Graduação em Enfermagem: revisitando a história. *Rev. bras.enferm.* [Internet]. 2007 [acesso em 2017 fev10];60(6). Disponível em: <http://dx.doi.org/10.1590/S0034-71672007000600016>.
3. Marran AL, Lima PG, Bagnato MHS. As políticas educacionais e o estágio curricular supervisionado no curso de graduação em enfermagem. *Trab. educ. saúde*. [Internet]. 2015 [acesso em 2017 abr30];13(1). Disponível em: <http://dx.doi.org/10.1590/1981-7746-sip00025>.
4. Pinto TR, Cyrino EG. Com a palavra, o trabalhador da Atenção Primária à Saúde: potencialidades e desafios nas práticas educacionais. *Interface (Botucatu)*. [Internet]. 2015 [acesso em 2017 fev17];19(Suppl1). Disponível em: <http://dx.doi.org/10.1590/1807-57622014.0991>.
5. Brasil. Constituição da República Federativa do Brasil. Brasília: Senado Federal; 1988.
6. Werneck MAF, Senna MIB, Drumond MM, LSD. Nem tudo é estágio: contribuições para o debate. *Ciênc. Saúde Coletiva*. [Internet]. 2010 [acesso em 2017 fev10];15(1). Disponível em: [http://www.scielo.org/scielo.php?script=sci\\_arttext&pid=S1413-81232010000100027&lng=en](http://www.scielo.org/scielo.php?script=sci_arttext&pid=S1413-81232010000100027&lng=en).
7. Conselho Nacional de Educação. Câmara de Educação Superior. Resolução CNE/CES n. 3, de 7 de novembro de 2001. Institui Diretrizes Curriculares Nacionais do Curso de Graduação em Enfermagem. Brasília: Ministério da Educação e Cultura; 2001.
8. Oguisso T, Campos PFS, Freitas GF. Pesquisa em história da enfermagem. 2.ed. Barueri: Manole; 2011.
9. Brasil. Decreto n. 791, de 27 de setembro de 1890: cria no Hospício Nacional de Alienados uma escola profissional de enfermeiros e enfermeiras. Câmara dos Deputados, [Internet]. 27 set. 1980 [acesso em 2017 mar 10]. Disponível em: <http://www2.camara.leg.br/legin/fed/decret/1824-1899/decreto-791-27-setembro-1890-503459-publicacaooriginal-1-pe.html>.
10. Brasil. Decreto n. 16.300, de 31 de dezembro de 1923:cria a Escola de Enfermagem, vinculada ao Departamento Nacional de Saúde Pública. Casa Civil [Internet].31 dez 1923 [acesso em 2017 mar 10]. Disponível em: [http://www.planalto.gov.br/ccivil\\_03/decreto/1910-1929/d16300.htm](http://www.planalto.gov.br/ccivil_03/decreto/1910-1929/d16300.htm).
11. Brasil. Lei n. 20.109, de 15 junho de 1931. Regula o exercício de enfermagem no Brasil e fixa, as condições para a equiparação das escolas de enfermagem. Diário Oficial da União, Brasília, 15 jun. 1931.
12. Brasil. Decreto n. 21.141, de 10 de março de 1932: aprova o regulamento para a organização dos enfermeiros do exército. Brasília: Câmara dos Deputados, [Internet] 10 mar 1932 [acesso em 2017 mar 20]. Disponível: [http://www.planalto.gov.br/ccivil\\_03/decreto/1930-1949/D21141.htm](http://www.planalto.gov.br/ccivil_03/decreto/1930-1949/D21141.htm).
13. Brasil. Decreto n. 24.768, de 6 de abril de 1948: concede equiparação à Escola de Enfermagem da Cruz Vermelha Brasileira. Brasília: Câmara dos Deputados, [Internet] 6 abr 1948 [acesso em 2017 mar 20]. Disponível em: <http://www2.camara.leg.br/legin/fed/decret/1940-1949/decreto-24768-6-abril-1948-411018-publicacaooriginal-1-pe.html>.
14. Brasil. Lei n. 775, de 6 de agosto de 1949. Dispõe sobre o ensino de enfermagem no país e dá outras providências. Diário Oficial da República Federativa do Brasil, Brasília, 6 ago. 1949.



15. Brasil. Lei n. 4024, de 20 de dezembro de 1961. Fixa as Diretrizes e Bases da Educação Nacional. Diário Oficial da República Federativa do Brasil, Brasília, 20 dez. 1961.
16. Brasil. Parecer n. 271/62, de 19 de outubro de 1962. Dispõe sobre o currículo mínimo do curso de enfermagem. Ministério da Saúde (BR). Fundação Serviços de Saúde Pública. Enfermagem, legislação e assuntos correlatos, Rio de Janeiro, 19 out. 1972.
17. Brasil. Lei n. 5540 de 28 de novembro de 1968. Fixa normas de organização e funcionamento do ensino superior e sua articulação com a escola média, e dá outras providências. Diário Oficial da República Federativa do Brasil, Brasília, 28 nov. 1968.
18. Conselho Federal de Educação. Resolução n. 04-72, de 25 de fevereiro de 1972. Rev. bras. enferm. [internet]. 1973 [acesso em 2017 mar 17];26(4-5). Disponível em: <http://dx.doi.org/10.1590/0034-716719730005000017>.
19. Brasil. Lei n. 6.494, de 7 de dezembro de 1977. Dispõe sobre os estágios de estudantes de estabelecimentos de ensino superior e de ensino profissionalizante de 2º grau e supletivo e dá outras providências. Diário Oficial da República Federativa do Brasil, Brasília, 7 dez. 1977.
20. Ministério da Saúde (BR). Lei n. 8.080, de 19 de setembro de 1990. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. Conselho Nacional da Saúde, Brasília, 19 set. 1990.
21. Brasil. Portaria n. 1721, de 15 de dezembro de 1994. Fixa os conteúdos mínimos e duração do curso de graduação em enfermagem. Gabinete do Ministro. 1994 dez. 15; Seção 1.p 19.801. Brasil. Brasília: Gabinete do Ministro; 1994.
22. Brasil. Lei n. 934 de 20 de dezembro de 1996. Estabelece as diretrizes e bases da educação nacional. Diário Oficial da República Federativa do Brasil, Brasília, 20 dez. 1996.
23. Ministério da Educação (BR). Resolução CNE/CEB n. 1, de 21 de janeiro de 2004. Estabelece Diretrizes Nacionais para a organização e a realização de estágio de alunos da educação profissional e do ensino médio, inclusive nas modalidades de educação especial e de educação de jovens e adultos. Brasília: Diário Oficial da União; 2004.
24. Conselho Federal de Enfermagem. Resolução n. 299/2005. Dispõe sobre indicativos para a realização de estágio curricular supervisionado de estudantes de enfermagem de graduação e do nível técnico da educação profissional. Brasília: COFEN; 2005.
25. Brasil. Lei n. 11.788, de 25 de setembro de 2008. Dispõe sobre o estágio de estudantes. Diário Oficial da República Federativa do Brasil, Brasília, 25 set. 2008.
26. Conselho Federal de Enfermagem. Resolução n. 371, de 08 de setembro de 2010. Dispõe sobre a participação do enfermeiro na supervisão de estágio de estudantes dos diferentes níveis da formação profissional em enfermagem. Brasília: COFEN; 2010.
27. Conselho Federal de Enfermagem. Resolução n. 441, de 15 de maio de 2013. Dispõe sobre participação do enfermeiro na supervisão de atividade prática e estágio supervisionado de estudantes dos diferentes níveis da formação profissional de enfermagem. Brasília: COFEN; 2013.
28. Conselho Federal de Enfermagem. Resolução n. 539, de 07 de abril de 2017. Revoga o inciso II, do artigo 1º da Resolução Cofen n. 441/2013. Brasília: COFEN; 2017.
29. Friedländer, MR. Como supervisionar um estágio de enfermagem. 1ª ed. São Paulo: Editora Green Forest do Brasil; 2005.
30. Chaves VLJ. Expansão da privatização/mercantilização do ensino superior brasileiro: a formação dos oligopólios. Educ. Soc. [Internet]. 2010 [acesso em 2017 maio 10];31(111). Disponível em: <http://dx.doi.org/10.1590/S0101-73302010000200010>
31. Associação Brasileira De Enfermagem (ABEn). Carta de Belém para a educação em enfermagem brasileira. In: 13º Seminário Nacional de Diretrizes para a Educação em Enfermagem: 2012 Ago/Set. Brasília, Brasil. Brasília: ABEn; 2012.