

ORIGINAL ARTICLE

Skills for child health care: training process for specialist nurses*

HIGHLIGHTS

1. Essential skills include making good decisions in complex and challenging scenarios.
2. The training process for specialists must include theory and practice.
3. Specialist training must prepare them to ensure comprehensive care.
4. Lato sensu postgraduate courses should be primarily face-to-face.

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ABSTRACT

Objective: To understand how nurses specializing in neonatology and pediatrics working in southern Brazil understand the skills required for care and their training. **Method:** Qualitative study conducted in two stages: 1) documentary research; 2) interviews with graduates of lato sensu postgraduate courses in child health. The study was conducted between September and December 2024, involving 45 specialist nurses. Qualitative data were collected through interviews with open-ended questions sent via Google Forms via email links, social networks, interest groups, and referrals from fellow specialists—analyzed using descriptive and content statistics. **Results:** Among 600 courses in Brazil, 108 are in the southern region, with 21 eligible, nine in remote mode, two in person, and 10 without information. Of the 45 respondents, 37 took specialization courses, and eight took residency courses. Two analytical categories emerged: competencies of nurses specializing in neonatal, child, and adolescent health, and reflections on training courses for specialists in neonatal and pediatric nursing. **Conclusion:** In the opinion of specialists, remote learning is not sufficient for training focused on care based on essential competencies.

DESCRIPTORS: Pediatric Nursing; Professional Competence; Competency-Based Education; Specialization; Professional Training.

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INTRODUCTION

Children are considered a social priority and one of the most vulnerable groups, requiring comprehensive health care. The National Policy for Comprehensive Child Health Care (PNAISC, acronym in Portuguese) establishes care at all levels of the health system, including primary care, diagnostic support, specialized outpatient and hospital care, and urgent and emergency care. This is done to promote and protect children's health, ensuring adequate conditions for their growth and development.¹

The work of health professionals at various points of care, in the context of the health of newborns, children, adolescents, and their families, must adhere to the guidelines of the PNAISC¹. Nurses play a crucial role, providing care based on their expertise and specialized skills in health promotion and disease prevention. In nursing, the range of *lato sensu* postgraduate courses covers several specialties, including pediatric nursing². Pediatric nurses focus on stimulating the growth and physical development of children and adolescents. Therefore, they must have the skills to act autonomously in nursing care, whether in health promotion, disease prevention, newborn and adolescent care, or rehabilitation³.

The term "skills" encompasses the knowledge, abilities, and behaviors that support the provision of appropriate, evidence-based care, as well as respectful care for the preservation of dignity, communication, community knowledge, awareness, and understanding⁴. Competencies are acquired through training and are supported and monitored by regulations that allow healthcare professionals to make informed clinical decisions and propose appropriate measures⁴.

These competencies must be integrated into the entire nursing training process, encompassing both undergraduate and continuing education levels. In this context, the Brazilian Society of Pediatric Nurses (SOBEP) published a document in 2020 that established the essential and specific competencies for nurses specializing in child and adolescent health⁵. However, despite the definition of these competencies, no research has been conducted since 2020 to analyze their systematic approach in *lato sensu* graduate courses or how they are effectively developed. It is necessary to generate knowledge about the training process of specialists, aiming to understand how nurses specializing in neonatology and pediatrics understand the competencies for care and their training.

In this context, this study aims to understand how nurses specializing in neonatology and pediatrics working in southern Brazil understand care competencies and their training.

METHOD

This exploratory study, employing a descriptive qualitative approach, was grounded in the theoretical and methodological framework of content analysis and conducted in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ)⁶. The study was developed in two stages: the first involved documentary research, and the second consisted of interviews with graduates of *lato sensu* postgraduate courses in child health.

The documentary research stage focused on identifying *lato sensu* postgraduate courses in pediatric and neonatal nursing offered in Brazil. The data source was the publicly available documents on the e-MEC system, the Census of the Anísio Teixeira National

Institute for Educational Studies and Research (INEP, acronym in Portuguese), and the institutional websites of universities offering these courses in southern Brazil.

The second stage of the investigation, conducted using Google Forms, aimed to explore nurses' perceptions of the subject of study. Participants were selected based on the inclusion criterion of being a graduate of specialization or residency courses in the pediatric or neonatal field in the southern region of the country. Initially, the form was sent to the coordinators of the courses identified in e-MEC, so that they could pass it on to their graduates. However, due to low participation among graduates, we opted to use the snowball technique to expand the reach, asking the Nursing Council of the southern states to publicize the invitation on their social media pages. All professionals who responded to the form between September and December 2024 were included in the study.

The data collection instrument consisted of both structured and open-ended questions addressing the following topics: course modality (in-person or virtual), degree obtained, participation in practical classes, year of completion, professional practice experience, length of experience, and aspects related to essential and specific competencies. The competencies were organized into five domains⁵: Professional, ethical, and legal practice; Clinical practice; Management and teamwork; Research and knowledge production; and Educational practice. Questions about the qualifications of the training according to SOBEP guidelines⁵ were also included.

Data collection was conducted by filling out a form in Google Forms, which was sent to participants via email, social networks, interest groups, and by referral from fellow specialists. After collecting the data, it was exported to Microsoft Excel to organize the responses.

The analysis of the documentary research data was descriptive, characterizing the courses. In the second stage, the study employed Bardin's content analysis technique,⁷ which involved categorizing the responses based on recurring themes and patterns in the participants' statements. The process began with a thorough reading of the reactions to capture the overall meaning, followed by segmentation into units of record, i.e., significant parts of the text related to the central theme. These units were classified into emerging categories inductively, according to the most frequent topics. The objective of the analysis was to identify patterns and variations in the participants' perceptions, providing an in-depth view of the most relevant aspects of the phenomenon⁷. The data were interpreted descriptively.

This study is part of a nationwide research project proposed and coordinated by the SOBEP Continuing Education Commission, entitled "Skills for healthcare for newborns, children, and adolescents: the training process for specialist nurses." This manuscript presents data from a national study that characterizes the training of nurses in courses located in the southern region of Brazil. The project was approved by the Research Ethics Committee under Opinion No. 6,313,652 and, subsequently, by Opinion No. 6,335,684, in partnership with the Ribeirão Preto School of Nursing – USP.

RESULTS

Characterization of *lato sensu* specialization courses in neonatal and pediatric nursing in southern Brazil

During the documentary research stage, 600 specialization courses were identified nationwide, of which 108 were offered in southern Brazil. Nonetheless, among these courses, only 21 provided information on their websites, of which 12 (57%) did not present their objectives, 10 (48%) did not provide information, and only two (9.5%) were in-person courses. the legal nature indicated that 18 (86%) were private; 11 (52%) did not include the program content on the website.

Of the Google Forms questionnaires sent to the 21 coordinators of eligible courses in the first stage of the investigation to obtain detailed information on the pedagogical project, six were returned completed. One of the responses was excluded because the course was outside the southern region. There were five valid responses, corresponding to 4% of the total, totaling 108 courses identified. Most of the courses are offered in Paraná (n = 3; 60%), totaling 360 hours, including more than 60 hours dedicated to practical classes or internships, as well as laboratory activities (n = 4; 80%). Specialization-format training overlaps (n = 4; 80%) and is also offered in person (n = 3; 60%). Three of the five courses (60%) have more than 20 students enrolled, and one course (20%) has more than 300 graduates. Most of the teaching staff (n = 4; 80%) have fewer than 10 teachers and offer between 15 and 50 places (n = 4; 80%).

In the second stage of the research, involving interviews conducted via Google Forms with graduates of *lato sensu* specialization courses, 75 out of the total number of forms sent by the national survey were returned completed. Of these, 45 forms were from graduates who attended graduate school in southern Brazil, corresponding to 60% of the total number of respondents nationwide. Table 1 presents the characteristics of the courses attended by the participants (N = 45).

Most graduates (n = 37; 82.2%) took specialization courses in person (n = 30; 60.8%). In 25 courses (55.5%), there are practical classes in health services, and most respondents (84.4%) work in hospital care, with 28 (62.2%) in assistance and 10 (22.2%) in hospital management. Income ranged from two to four minimum wages (n=17; 37.7%) and from four to six minimum wages (n=16; 35.5%).

The analysis of the responses of the 45 participating nurses resulted in two analytical categories: "Competencies of nurses specializing in neonatal, child, and adolescent health" and "Reflections on training courses for specialists in neonatal and pediatric nursing in southern Brazil."

Competence of nurses specializing in the health of newborns, children, and adolescents

Regarding the recognition and management of ethical issues in caring for children, professionals, regardless of their training, related this skill to specific subjects focused on the topic and to the teachers they had.

My teacher was excellent; she emphasized ethical issues in care a lot. Respecting the patient, care needs to be individualized, considering differences and beliefs, while ensuring safety and well-being. Having empathy and technical-scientific knowledge to offer quality care, and owing to mistakes, is essential for both professional and personal improvement and growth. (E16, Specialization).

Theoretical classes and examples from the exceptional teaching staff. (E18, Residency).

Another way to develop this skill was through discussing cases on the topic in study groups.

Discussions on topics that broaden nurses' perspectives on ethical issues. (E4, Residency).

Through texts and reflections with group discussions using cases experienced in care. (E5, Specialization).

Participation in bioethics rounds and classes, as well as group discussions in defense of children's rights. (E17, Residency).

The practical classes were a valuable tool in preparing students to provide direct, safe, and quality care, considering the clinical context.

To complete the course, in addition to the monograph, it was mandatory to develop a practical activity to implement an intervention [educational, care management, or unit management] and present a final report with all the stages of implementation of the intervention. In the classroom, case studies were used as a means of developing clinical reasoning to be applied during practical activities. (E1, Specialization).

I have always participated in complications involving newborns or pediatric patients to enhance management and learning, as it is a specialty with several unique characteristics. The hospital where I completed my residency is a national reference, so I had the opportunity to experience numerous specialty sectors. (E2, Residency).

Yes, taking on care, developments, and prescriptions in the internship field after theoretical classes. (E18, Residency).

On the other hand, some professionals did not feel prepared to offer direct, safe, and quality care due to deficiencies in their training.

If I hadn't had many years of practice, I wouldn't have reaped the expected benefits from specialization. (E23, Specialization).

Not very much. In practice in the neonatal ICU and childcare, care is, and I had a few subjects. (E24, Specialization).

The forms of preparation for communication with the multidisciplinary team mentioned above involve teamwork. When they were not prepared for this in the course, they utilized their practical experience to enhance this skill.

Our specialization course was multidisciplinary. We had classes with other professionals and reflected together based on each person's specific expertise. (E5, Specialization).

We were always encouraged to participate in multidisciplinary visits and to speak with all the professionals present in the sector. (E10, Residency).

Yes. Discussions with the multidisciplinary team were conducted in a calm manner. Especially in relation to the neonatal ICU, where we had multidisciplinary meetings, so nurses always had an active voice. Similarly, in the neurology ward, it was possible to contact, for example, the neurologist, because the child had symptoms of cranial hypertension, or to discuss the need for special dressings. (E14, Residency).

Professionals who did not feel prepared attributed this to the training process and managed to develop this skill in their daily professional practice.

I participate in the daily rounds, interacting with everyone and sharing my opinion on each specialty, as I spend a significant amount of time in the ICU and have become familiar with each patient. My postgraduate training did not prepare me for this, but my daily routine in the ICU did. (E15, specialization).

My professional experience overlaps with the content offered. (E23, Specialization).

I did not have this preparation, for example, when communicating complications to the doctor or requesting a physical therapy evaluation when detecting discomfort in the newborn. (E24, Specialization).

Regarding management skills, some blank responses were observed, suggesting that this skill could be developed more effectively in specialization courses.

I had a management class, but in practice, it's incredibly diverse. The real world versus the ideal world. (E15, Specialization).

Again, neither undergraduate nor graduate school. These are basic skills that undergraduate nurses should already have a minimum understanding of, but they don't. And graduate school, unfortunately, cannot make up for this. (E19, Specialization).

The training focused solely on managing clinical care, including clinical reasoning, assessment, and defining nursing care. (E22, Specialization).

Regarding research skills, professionals indicated that they had been trained to search for scientific materials and apply them in practice to improve care in case discussions; however, the research was primarily focused on completing coursework. This skill was developed through *stricto sensu* studies with hindsight.

In case studies, we should present evidence to address each problem situation presented, as well as develop the scientific method in the research for the individual monograph, culminating in a course conclusion. (E1, Specialization).

Whenever a question arose about a situation, it was necessary to search for an article and bring it up for discussion the next day. For example, regarding PEEP in the neonatal ICU, we had questions about peak pressure, and the preceptor asked us to search for articles so that we could find the answer to discuss later. (E14, Residency).

Mainly in the completion of the residency work [TCR]. In addition to having project production courses. (E17, Residency).

I obtained this preparation during my master's degree sometime later. (E24, Specialization).

Participants understand that they were prepared for health education, which involved conducting educational activities with children and their families at both the tertiary and primary levels, across various contexts focused on this audience, regardless of the course modality.

Yes, outpatient follow-up and family training before hospital discharge. (E4, Residency).

In the shared accommodation, we had the opportunity to share knowledge with postpartum women by organizing interactive groups. (E5, Specialization).

Health Education for Hospitalized Children and Their Families. (E6, Specialization).

Yes, we gave lectures tailored to families' needs, especially during internships at UBS. (E10, Residency).

Yes, health education in groups at the PHC, as well as early childhood education, focuses on child development, nutrition, and breastfeeding, among other topics. (E18, Residency).

Reflecting on specialist training courses in neonatal and pediatric nursing in southern Brazil

The nurses recommended that specialization courses be classroom-based and include mandatory practical activities in the training program, integrating research as an essential tool for solving clinical problems and strengthening evidence-based decision-making.

Lato sensu postgraduate courses should be classroom-based and have clinical practice as one of their premises. (E1, Specialization).

As a referral hospital, there should be more practical classes, as the laboratory is terrific, and there are case studies of hospitalized patients. (E16, Specialization).

Encourage students in the specialization program to develop final research projects that address or solve real-world problems. (E22, Specialization).

Participants who took specialization courses in child health expressed dissatisfaction with the training, focusing more on the title than on learning. They also stated that distance learning courses should not be approved by the Ministry of Education (MEC) due to the lack of practical activities.

I only did it for the title. I had already acquired a significant amount of knowledge during my residency in women's health. (E3, Specialization).

I learned more in my daily work than in graduate school. I did more for the specialization title. (E15, Specialization).

Distance learning courses are of poor quality and should not be authorized by the MEC. At least I found mine penniless; there should be at least practical classes and more theoretical classes with specialists. (E24, Specialization).

There should only be face-to-face courses with practical hours, as is required in the field of aesthetics. (E32, Specialization).

On the other hand, graduates of the residency program recommended their courses, as well as the area as a choice of specialization.

It was excellent, of course; the theoretical classes could be improved, but I recommend it to all nurses who want to pursue this specialty. (E2, Residency).

Although the residency program has an exhausting workload, the experience was extremely valuable, and I always recommend that students consider this type of postgraduate program. (E17, Residency)

Exceptional curriculum, sufficient workload, specialized faculty. (E18, Residency).

DISCUSSION

This study identified an exponential increase in *lato sensu* postgraduate courses specializing in child health in Brazil, with 178 courses offered in 2019, primarily in-person (90.8%), and an average workload of 469.1 hours¹⁰. In five years, the number of courses increased to 600 nationwide, mostly offered remotely, as evidenced by the data.

The context of the remote training process focuses almost exclusively on theoretical activities, without the clinical practice component. In this sense, the reports of the graduates interviewed reveal the problem of the dissociation between theory and practice in *lato sensu* specializations, especially those that do not have mandatory supervised internships. This reinforces the relevance of multiprofessional residencies as an effective training model in this regard. The development of professional competence in pediatric nursing requires the integration of teaching and practice, with a focus on authentic experiences in health services. Collaboration between educational institutions and fields of practice should provide experiences that allow students to understand the dynamics of the work, identify needs, and intervene effectively, preparing them to act with confidence and competence⁸.

Exclusively theoretical teaching, without practical activities, is insufficient for training specialists in child health, as practice strengthens and prepares professionals to work in different contexts of the health/disease process⁹. Effective integration between theory and practice is one of the most significant pedagogical challenges, as it involves dynamic interaction in which both enrich and strengthen each other¹⁰.

The responses from graduates suggest that some institutions have shortcomings in specific domains and competencies. In contrast, others are more aligned with the definition of professional competency proposed by Philippe Perrenoud¹¹. This definition emphasizes the importance of practical action in everyday life, where individuals develop competencies to address specific problems. Competence is acquired through the practice of concrete tasks, while skills, understood as actions, are performed based on an understanding of the content of each domain¹¹.

The essential competencies for the training of specialist nurses, defined by SOBEP⁵ in 2020 in the document "Position of the Brazilian Society of Pediatric Nurses on the Essential Competencies of Neonatal and Pediatric Nurses", range from neonatal resuscitation to immunization, with an emphasis on human rights, dignity, and sociocultural sensitivity. To ensure the quality of services, certified training based on international standards and continuous supervision of practices are necessary. Similar models have been established in countries such as the United States, where the Society of Pediatric Nurses has defined domains and levels of practice for pediatric and neonatal nurses, promoting evidence-based practices and integration with families¹².

Some member countries of the World Health Organization consider that neonatal and pediatric nurses play a crucial role in child healthcare. To this end, societies and associations of nurses specializing in child health now have their essential competencies described and assessed through evaluations of professionals before they are registered and licensed, in accordance with each country's regulations. These requirements aim to ensure quality in relation to the education and care provided by nurses⁴.

In Brazil, SOBEP defined the competencies for neonatal and pediatric nurses, organized into five domains: professional, ethical, and legal practice; clinical practice; management and leadership; research; and educational practice. These competencies

aim to prepare professionals to work in a comprehensive and humanized manner in the health of newborns, children, and adolescents⁵. According to the responses of graduates, the training of professionals is not fully aligned with SOBEP competencies. Some aspects were not addressed in the courses and were learned through daily practice by specialists, such as the competency related to communication skills, which, according to the participants, were mainly developed through professional practice rather than the *lato sensu* postgraduate training process. The inclusion of realistic simulations, interprofessional experiences, and active learning methodologies can contribute to the development of essential competencies in the training of specialist nurses in child health¹³. However, these are pedagogical strategies that are only possible in face-to-face training.

There is recurring criticism of the quality of *lato sensu* courses, especially in the distance learning modality (EAD, an acronym in Portuguese), as indicated by the graduates in this study, who consider them insufficient for the professional training of practitioners. In this research, through request No. 23546.059835/2024-90, made by SOBEP on the Integrated Ombudsman and Access to Information Platform, weaknesses were identified in the regulation of these courses related to child health, as evidenced by outdated data in the e-MEC System. The MEC¹⁴ itself recognized the lack of a repository of Pedagogical Course Projects in the system, which reveals the absence of oversight after the courses are approved. This regulatory gap contributes to the offering of specializations of poor quality, a perception confirmed by graduates, especially those associated with distance learning courses that lack practical activities. In contrast, residency programs, which are academic and professional in nature, were valued by graduates for their emphasis on face-to-face and practical classes.

Graduates argue that specializations in pediatric and neonatal nursing should be exclusively classroom-based and include more practical hours. To assess learning, it is essential to focus on problem-solving in childcare, using activities that encourage critical reflection and the practical application of knowledge, in line with SUS¹⁵. Various strategies, such as tests, simulations, and portfolios, enable the monitoring of students' development in knowledge, skills, and attitudes, thereby promoting a comprehensive assessment of competence in pediatric care. In this sense, it is suggested that more rigorous guidelines be established for the evaluation of *lato sensu* courses and the expansion of residences to include a training process based on essential competencies.

In Brazil, this type of assessment, which is a requirement for obtaining the title of specialist and registration with nursing councils, is not yet a reality upon completion of the course. Therefore, courses must constantly reevaluate their curricula, seeking a balance between the different competencies necessary for specialized practice. Training that integrates all the required competencies contributes to the development of more comprehensive professionals who are prepared to act in an ethical, safe, and humane manner¹⁶.

What has been observed is that the expansion of higher education since the 1990s has been marked by privatization, broadening access to education, but resulting in the deterioration of the educational process¹⁷. Driven by the National Curriculum Guidelines (DCN), this expansion aimed to adapt educational projects to meet technological and social changes, particularly in the private sector, aligning courses with market demands. However, this model prioritized profit over educational quality and the democratization of access¹⁹. In this context, it is crucial that the Ministry of Education (MEC) reassess the supervision of specialization courses, especially those offered in the distance learning modality, and review the minimum number of hours of practical classes in neonatology and pediatrics courses. There is also a failure to monitor higher education institutions

and update the information available on e-MEC, which makes it difficult to choose reliable programs.

Given this scenario, the quality of several courses, particularly those offered in distance learning mode, falls short of what they should offer. Although the courses offered practical components, many professionals felt unprepared for direct, safe, and decisive care. Professional residency, due to its supervised practical immersion structure, proved to be more effective. Another critical issue is the limited practical workload in *lato sensu* specialization courses, which weakens training that should be aligned with the requirements of professional practice, such as those found in residencies, to ensure safe and qualified care for children, adolescents, and their families.

This result highlights the persistent gap between theory and practice, a recurring challenge in health training. The lack of articulation between theoretical content and clinical experience limits the development of critical-clinical reasoning, which is crucial in neonatal and pediatric practice.

Thus, it is essential that *lato sensu* courses be supervised by the competent bodies and that graduates be evaluated to ensure the quality of teaching and the excellence of professionals in the field of neonatology, pediatrics, and adolescence.

However, this study has limitations due to the low participation of postgraduate course coordinators in the southern region, as well as specialist nurses. Employing other methodological approaches, such as a multicenter study in which researchers can visit the locations where *lato sensu* courses are offered, using face-to-face interviews as a data collection technique, may be a way to increase the participation of those involved in the training process and thus enable a more in-depth study of the topic.

FINAL CONSIDERATIONS

The perception of nurses specializing in neonatology and pediatrics in southern Brazil regarding their training reveals a gap in the training process, particularly in relation to the focus on essential care skills. Despite the numerous courses offered, it is observed that there are no well-defined guidelines and effective regulations to ensure excellence in the training of these professionals.

A more profound understanding of the context of specialist nurse training in the southern region may contribute to measures being taken to create a national project that promotes the improvement of essential skills in *lato sensu* postgraduate courses, benefiting the training of professionals and, consequently, the quality of neonatal and pediatric health care throughout the country.

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