

## NURSING EDUCATION: CONTRADICTIONS AND CHALLENGES OF PEDAGOGICAL PRACTICE<sup>1</sup>

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*This study deals with the nursing curriculum, pedagogical practice and education. Nowadays, this theme has taken up considerable space in academic debates. Thus, this study aimed to get empirical knowledge and provide an analytical description of the academic reality of nursing education at Santa Cruz State University in the undergraduate nursing course. This is a descriptive study, which may provide a new view of the problem, with careful observation, description, and exploration of the situation aspects, interpreting the reality, without interfering in it and, consequently, being open to new studies. Descriptive statistics with simple frequency and percentage calculation was applied. In summary, results indicate that professors and students have difficulties to evaluate the curriculum. In addition, the curriculum under study is characterized as a collection curriculum, with a pedagogical practice predominantly directed at the traditional model. Hence, nursing education still shows features of the biomedical-technical model.*

**DESCRIPTORS:** curriculum; faculty; nurse's role

## LA FORMACION DEL ENFERMERO: CONTRADICCIONES Y DESAFÍOS DE LA PRÁCTICA PEDAGÓGICA

*Este estudio trata de la temática currículo, práctica pedagógica y formación del enfermero, que en la actualidad viene tomando espacio relevante en el debate académico. Así, buscamos conocer empíricamente y describir analíticamente la realidad académica de la formación del enfermero en la carrera de Enfermería de la UESC. Se trata de un estudio descriptivo que puede proporcionar una nueva visión del problema, teniendo cuidado de observar, describir y explotar aspectos de la situación, interpretando la realidad, sin interferir en ella para modificarla y, consecuentemente, abierto a nuevos estudios. Para el análisis de los datos, utilizamos la estadística descriptiva con cálculo de frecuencia simple y porcentual. Sintéticamente, los resultados señalaron que los profesores y los alumnos tienen dificultades para conceptualizar currículo. Y el currículo estudiado se caracteriza dentro del tipo colección, con una práctica pedagógica volcada, predominantemente hacia el modelo tradicional y, en consecuencia, la formación del enfermero sigue teniendo características del modelo biomédico-tecnicista.*

**DESCRIPTORES:** currículo; docentes; rol de la enfermera

## A FORMAÇÃO DO ENFERMEIRO: CONTRADIÇÕES E DESAFIOS À PRÁTICA PEDAGÓGICA

*Este estudo aborda a temática currículo, prática pedagógica e formação do enfermeiro que, na atualidade, tem tomado espaço relevante no debate académico. Assim, buscou-se conhecer empíricamente e descrever analiticamente a realidade académica da formação do enfermeiro no Curso de Graduação em Enfermagem da Universidade Estadual de Santa Cruz. Trata-se de estudo descritivo, que pode proporcionar nova visão do problema, tendo tido o cuidado de observar, descrever e explorar aspectos da situação, interpretando a realidade, sem nela interferir para modificá-la, estando, conseqüentemente, aberto a novos estudos. Para análise dos dados, utilizou-se estatística descritiva com cálculo de freqüência simples e porcentual. Sinteticamente, os resultados apontaram que os professores e alunos têm dificuldade em conceituar currículo. E o currículo estudado se caracteriza como do tipo coleção, com uma prática pedagógica voltada, predominantemente, para o modelo tradicional e, em conseqüência, a formação do enfermeiro continua tendo características do modelo biomédico-tecnicista.*

**DESCRIPTORES:** currículo; docentes; papel do profissional de enfermagem

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## INTRODUCTION

The history of Brazilian higher education in nursing is marked by four curricular changes, none of which promoted significant changes in professional practice<sup>(1-3)</sup>. We believe this is due to the fact that the pedagogical practice of nursing educators has not accompanied the intended curricular changes in terms of philosophical-methodological premises and objectives, but have maintained the characteristics of traditional pedagogical practice<sup>(4-6)</sup>. This practice perpetuates the biomedical-technical model<sup>(7)</sup>, as opposed to the nursing education demanded by contemporary reality.

Nowadays, we perceive *Human Care*<sup>(8-9)</sup> in another dimension, which evolved to become the "health act's pair". The latter is understood as an exchange between subjects, in compliance with integral care. However, until the 1990's, this was not a source of great concern. The word *care* had little use, and the most used term was *assistance*, which implied delivering *nursing assistance*, an act that, in our opinion, was performed without reflecting on its meaning to whoever received or delivered the care.

On the other hand, education was almost always connected with technical activities. It is common for professional care to be delivered mechanically, guided by tasks, in rigid compliance with standards and prescriptions. Personal relations, in turn, are almost always fragile.

When the new minimal curriculum for nursing courses in Brazil was approved through Decree 1721/94 by the Ministry of Education and Culture (MEC), this perspective gave rise to our desire to work with "Curriculum" and "Pedagogical Practice" in nursing education.

We start from the premise of an interdependent relation between the curriculum on the one hand, which represents the intention, the *what* and *how* education should be, and pedagogical practice on the other, which should put this plan into practice, that is, the academic training process.

In addition, further studies are needed, looking at concrete realities in daily professional pedagogical practice.

Hence, we intended to study the reality we experienced as faculty members and co-participants in its administration, as we had the opportunity to experience it as a faculty member, coordinator of the Course Council and Director of the Health Science Department.

In this sense, we present the research problem and objective, inquiring whether the curricular change altered teaching practice and, consequently, modified nursing training, in the belief that, if this change (in pedagogical practice) is not confirmed, graduates from the UESC undergraduate nursing course will not have been trained according to current demands, that is, the nursing training required by contemporary reality.

We want to reaffirm that this study neither intended to present a ready-made proposal for a curriculum or pedagogical practice model, nor to realize an in-depth exploration of nursing education or of the facilitating elements and difficulties that were imposed by the changes caused by the SENADens - National Seminars of Guidelines for Nursing Education in Brazil.

It should also be emphasized that we attempted to look at the academic moment experienced by the course under study in the context of the publication of Resolution CNS/CES No 3, issued in 2001, which established the curricular guidelines for undergraduate nursing courses.

## OBJECTIVES

### General Objective

- Describe and explain teaching practice in the nursing course offered at Santa Cruz State University (UESC) in coherence with the principles and intensions of the current curriculum (MEC Decree 1721/94 MEC).

### Specific Objectives

- Characterize the pedagogical practice of faculty members in the undergraduate nursing course offered at UESC.
- Analyze if this practice is compatible with/complies with the philosophical-methodological and scientific intensions of the Brazilian curricular proposal.
- Analyze the curricular proposal of the undergraduate nursing course at UESC, with respect to:
  - philosophical-methodological conceptions (premises and objectives);
  - characteristics/profile of education professionals;
  - curricular organization.

## METHODS

This descriptive study was carried out at Santa Cruz State University, located in Ilhéus, a city in the South of Bahia, Brazil, and in hospital and health units (practice and supervised training institutions for undergraduate nursing students from UESC), located in Itabuna, an area influenced by the UESC. The study population included UESC faculty members and students.

The following inclusion criteria were considered to select the study sample: being an effective or substitute faculty member who teaches or taught in the undergraduate nursing course at UESC, and being a student in the eight semester of this course. The research population consisted of 72 faculty members and 41 students. From this population, we selected those students and faculty members who attended the places of study on the days when data were collected, between March and June 2001. Thus, the sample consisted of 45 faculty members and 37 students, that is, 82 subjects.

Data collection instruments included one questionnaire for faculty members and one for students, both with open and closed questions; and direct observation scripts for the written registry of faculty members' and students' theoretical-practical activities during classes, meetings at the UESC Health Science Department and Undergraduate Nursing Course Council and daily course reality; besides documentary analysis.

Quantitative data were analyzed through descriptive statistics (means, percentages and frequencies). Qualitative data were collected during direct observations of theoretical-practical classes, faculty and student activities, Health Science Department meetings and daily course reality; interviews with department heads and council members and documentary analysis, and complemented statistical data, clarifying, supporting and/or broadening the possibility of analyzing these tables, discussing results and reaching conclusions.

We analyzed data about how these faculty members and students understood *curriculum*, in the light of the concept addressed in the subject Curriculum of the Master's Course in Education - UESC/UFBA (1995); with respect to *curriculum types*, the reference framework was based on two experts<sup>(10-11)</sup> who work with Curriculum Typology; for approaches

to the *teaching-learning process and teaching practices*, we elaborated a reference framework based on authors<sup>(4,12)</sup> who work with this theme. Another reference source was based on documents by the Brazilian Nursing Association, called: New curriculum proposal for nursing courses: nursing education<sup>(13)</sup> and National Curricular Guidelines for Undergraduate Nursing Courses<sup>(14)</sup>.

This research followed the ethical framework determined in Resolution No 196/96 by the National Health Council (CNS), about research involving human beings (Approval by the Ethics Committee and the Itabuna *Santa Casa de Misericórdia*). All participants signed the Free and Informed Consent Term.

## RESULT ANALYSIS AND DISCUSSION

Before moving on to the results, we highlight the noticeable lack of studies about the pedagogical practice of undergraduate nursing faculty members and undergraduate nursing course curricula. These aspects have not been investigated for the undergraduate nursing course at UESC.

As to sample characteristics, most faculty members were women (82.2%), between 31 and 50 years; lived in Itabuna (93.4%) and were effective faculty at the UESC Health Science Department (HSD); worked 40 hours per week and graduated from UESC. At the time of data collection, most of these faculty members were taking *stricto sensu* training in formal contact with a Pedagogical Training course/subject. Almost half of the sample had worked at the UESC between 6 and 15 years and most of them had earlier teaching experience, administering pre-professional and professional subjects in nursing technician and auxiliary training courses. Most of the sample members involved in technical activities at the time of data collection worked in hospitals or in health service administration. Hence, this was an ideal sample for this research, as participants had contact with nursing work practice and were also active in nursing training.

With respect to the year of course conclusion, most participants graduated from UESC between the 1980's and 2000, that is, in the last two decades. This means that a majority (80%) graduated in the "old" curriculum, which was used between 1972 and 1997, and should therefore, in theory, know about the curricular reform.

We also worked with a sample of last-semester nursing students, mostly women (81%), between 22 and 33 years old, with a mean age of 23 years. In other words, a group of young graduates that confirms nursing as a preponderantly female profession.

Tables 1 and 2 illustrate the results about faculty members' and students' conceptions of the curriculum, showing how close their conceptions are. This allows us to conclude that most faculty members and, consequently, students do not seem to be able to form a concept about curriculum.

Table 1 - Distribution of nursing undergraduate faculty sample from UESC, according to their curricular conception in line with the adopted theoretical framework. Ilhéus, BA. 2001

Curricular Conception	No	%
Conceptualized as curriculum framework only	21	46.6
Does not coincide with the concept (vague, confusing)	9	20.0
Partially coincides with the concept	7	15.5
Mixed up with "curriculum vitae"	5	11.1
Did not manage to formulate a concept	2	4.4
Satisfactorily coincides with the concept	1	2.2
<b>Total</b>	<b>45</b>	<b>100</b>

Table 2 - Distribution of the nursing undergraduate student sample from UESC, according to their curricular conception in line with the adopted theoretical framework. Ilhéus, BA. 2001

Curricular Conception	No	%
Conceptualized as curriculum framework only	21	58.8
Mixed up with "curriculum vitae"	12	32.4
Partially coincides with the concept	2	5.4
Does not coincide with the concept (vague, confusing)	1	2.7
Not answered	1	2.7
Fully coincides with the concept	0	0.0
<b>Total</b>	<b>37</b>	<b>100</b>

Although they affirmed that they knew why ABEn - the Brazilian Nursing Association<sup>(13)</sup> proposed a reform of the Nursing Undergraduate Course Curriculum - 1972 (Old Curriculum), when they were asked to explain these reasons, most faculty members (62.3%) did not manage to give any justification that got near the actual reasons. Moreover, although most of these subjects informed they knew what changes were intended for the UESC undergraduate nursing course, when they were asked to quote these changes, they did not manage to give any answers that coherently coincided with the intended curricular reform.

Besides their difficulties to conceptualized curriculum, faculty members also faced limitation to

mention what were the main changes the "New" Curriculum caused in the UESC undergraduate Nursing course.

A comparison between the hour loads of the "old" and the "new" curriculum showed that about 41% of the total hour load of the course, corresponding to 3,825 hours today, is destined at hospital-related subjects, while only 21% is occupied by collective health disciplines. These data are coherent with earlier research results, which showed that, in a total course of 2,970 hours, 44.4% was destined at hospital-related subjects and only 13.1% at public health subjects<sup>(15)</sup>.

With respect to the curriculum type, according to the proposed typology<sup>(10-11)</sup>, most of the faculty members' answers show that they conceived the current curriculum as a *collection* curriculum, characterized by *organizative, disintegrated, isolated* and *rigid* principles. In this curriculum, knowledge (contents) is *hierarchically arranged*. Contents are *obligatory and separated from each other*; knowledge/content is *disciplinary/closed, specialized*; and *considered as the sacred property of few people*. The relation between subjects is *closed, with contents delimited in a vertical relation. Content is held by whoever teaches and assesses it*. Faculty members can *act their own way within prescribed limits*. Subjects are *isolated by individualized tasks*. As to teaching assessment, this *curriculum values students' subservience and passiveness towards knowledge, promoting individualism and introducing the logic of market relations into the teaching system* (quantity prevails).

With respect to their conception of Pedagogical Practice, results allow us to affirm that most faculty members' idea of pedagogical practice approaches or coincides with the *traditional conception*, as proposed<sup>(10)</sup>, revealed by technical-mechanical actions, to the detriment of the humanistic approach and actions recommended by the curricular reform. These data were confirmed by the students' opinion and are shown in Tables 3 and 4.

Pedagogical Practice conceptions were classified as Traditional (TC), Humanistic (HC) and Vague/Confusing/Imprecise (VCIC), considering the criterion of "being close or not" to Pedagogical Practice concepts<sup>(10)</sup> (TC and HC), constructed/described according to 11 items: teaching, man, world, society - culture, knowledge, education, school, teaching - learning, teacher - student, methodology and assessment.

Table 3 - Numerical and percentage distribution of the undergraduate nursing faculty sample from UESC according to their conception of pedagogical practice. Ilhéus, BA. 2001

Conception	No	%
Traditional	18	40.0
Humanistic	10	22.2
Imprecise	14	31.2
No answer	3	6.6
<b>Total</b>	<b>45</b>	<b>100</b>

Table 4 - Numerical and percentage distribution of the undergraduate nursing student sample from UESC according to their conception of pedagogical practice. Ilhéus, BA. 2001

Conception	No	%
Traditional	26	70.3
Humanistic	0	0.0
Vague, confusing	6	16.2
I don't know	3	8.1
No answer	2	5.4
<b>Total</b>	<b>37</b>	<b>100</b>

Information by almost 80% of faculty members corroborates our conclusion that the curricular change did not determine a change in Pedagogical Practice in function of the "new" Curriculum. Data obtained through an interview with the Health Science Department head revealed the same, affirming that.

Yes, a change occurred, but very small. And the changes that occurred were due to teacher training and the implantation of the medical course, using the PBL model. And the substitute faculty who always bring a more open proposal. I don't think that the curricular reform contributed to the change in pedagogical practice.

We conclude that, as a part of teaching practice, *Planning Practices* are characterized neither as integrated actions nor participation, reaffirming that the institute's curriculum is a *collection* curriculum<sup>(10-11)</sup>. This also reinforces teaching in a *traditional approach*, that is, "in all of its forms, teacher-centered", and students are considered as "inserted in the world they will get to know through the information they will receive and about which they will decide whether it is important and useful to them".

As to the *learning domains* addressed in the subjects, we conclude that most faculty members only exercise aspects in the *cognitive* domain, dedicating less attention to the affective and psychomotor domains, which leads to a disharmony among the

cognitive, affective and psychomotor domains. Consequently, they do not attend to the integral form of humanized care required by the health act. We need to understand that humanizing the health care process requires affective and psychomotor competencies, besides records and cognitive competencies.

Although the faculty members consider that the course subjects are integrated, this integration is characterized as traditional, with strongly identified prerequisites and well delimited contents in each discipline. In this case, we believe that the faculty members have not yet considered or not even elaborated the concepts of interdisciplinarity and multidisciplinary. This expresses a lack of integration in the nursing training process.

Thus, if contemporary reality requires/ demands nursing professionals with a specific profile, guaranteed by training, which allows them to develop general competencies and skills, directed at *health care; decision making; communication; leadership; administration* and *permanent education*, as established by the National Curricular Guidelines for Undergraduate Nursing Courses<sup>(14)</sup>, this allows us to understand that there is no more room for the "old" form of relating to knowledge in this new context. This is also true because the idea of a Subject Program "kept in the file" completely loses any value in a world where new information emerges at an intense pace and where the student no longer depends on the teacher as the only source of access to this information. Hence, teachers should lose the fear of innovation and "invite" students to become part of the knowledge-seeking effort, not only in the "old" condition of passive students but as partners, who should behave as subjects of the *pedagogical pair* and participants in the teaching-learning process.

Thus, in principle, in order to comply with the Curricular Guidelines, we believe that we need to concern ourselves with nursing education, not only using mutually disconnected, rich contents and skills, but also addressing competence categories like: understanding and operating multiple languages; understanding biopsychosocial phenomena that condition health; making decisions that include and respond to what normal happens and is done; understanding and or responding to the unedited and/ or unusual; constructing arguments and intervening in reality, being aware of the fact that reality changes.

Until the time of data collection, the UESC Nursing Undergraduate Course followed the *traditional pedagogical model* and faculty members were not alert to the discordance between this type of approach and the objective of current nursing education, in line with the Curricular Guidelines and the authors consulted and referred to in this study. Hence, we consider that, through this type of approach, we are losing the primary role of nursing out of sight, which we believe is the integrality of *human care*.

These research findings reveal a weak attempt to establish prerequisites as the only form of interdisciplinarity. And faculty members neither understand nor see to these prerequisites, because they do not treat the subjects as interdependent and mutually complementary. It seems to us that this fact can explain, at least partially, difficulties to guarantee integral care, *human care* to the subject as a whole.

According to data provided by the students, teachers most frequently used the following teaching methods: *expositive classes, seminars and work groups*. These results coincide with the faculty members' information, reinforced by field observations, which showed expositive classes as the predominant, content-centered activity.

As to teachers' and students' perceptions about the student-teacher relation, we can affirm that both groups definitely experienced difficulties to characterize the type of relation that unites them. Although they affirmed that they were *interlocutors*, they faced difficulties to specify characteristics of the desired student profile, that is, what the teacher wants and what the student believes the teacher wants, as the items faculty members mentioned in the attempt to characterize the desired student were pulverized, without any consensus.

Considering data about the student-teacher relation, and comparing them with previously analyzed data about *planning practices, plan execution practices and learning assessment practices*, we conclude that, although some faculty members mentioned being a *creative, participative, critical, ethical, inquisitive and interactive* citizen and professional as desirable student characteristics, the pedagogical practice developed in the traditional teaching approach complicates or even impedes the development of these traits. In the traditional approach, the teacher-student relation is vertical. One of the extremes (teacher) holds the power to make decisions about

methodology, contents, assessment and form of interaction, among others. On the other end, students are expected to submit to this power. Faculty members are responsible for informing and conducting their students towards objectives that are external to them, because they were chosen by the school and/or the society they live in and because the subjects of the process, i.e. the students, have not internalized/assumed them.

## FINAL CONSIDERATIONS

In view of the data discussed above, we can consider that a pedagogical project needs to be collectively constructed for the course under analysis, which heeds to a humanistic formation and to the biopsychosocial human phenomena that can appear as individual as well as collective social needs.

Figure 1 is an analogical model which, in our opinion, represents the reality of the current curriculum adopted in the undergraduate nursing course at UESC.

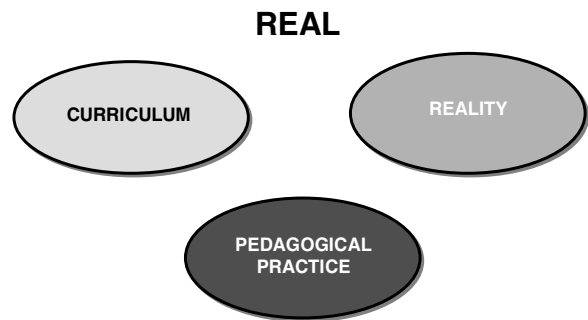


Figure 1 - Current reality of Undergraduate Nursing Course Curriculum at UESC - 2002

This model analogically intends to express the relation among significant elements to form a concept of curriculum, in this case characterized as a collection curriculum, without articulation with the reality it is supposed to serve, and without a connection between pedagogical practice and the intentions declared in the curriculum proposal. In the analyzed course, two facts are evidenced: the *Curriculum*, which faculty members and students understand as the curriculum framework, and each faculty member's *Pedagogical Practice* separately, without common objectives, letting each faculty member act according to his/her particular conception of pedagogical practice. In this model, *Reality* is

represented by the regional health context and, as we observed, have not been used as a reference parameter for the course. In other words, the *Curriculum* and the *Pedagogical Practice* are not considering the regional health context.

In this perspective, we believe that the data we obtained from reality can support the (re)consideration and/or (re)organization of a pedagogical project, as well as the (re)dimensioning of pedagogical actions by UESC undergraduate nursing faculty members, guided by an analogical model which we believe is ideal or close to ideal, as presented in Figure 2.

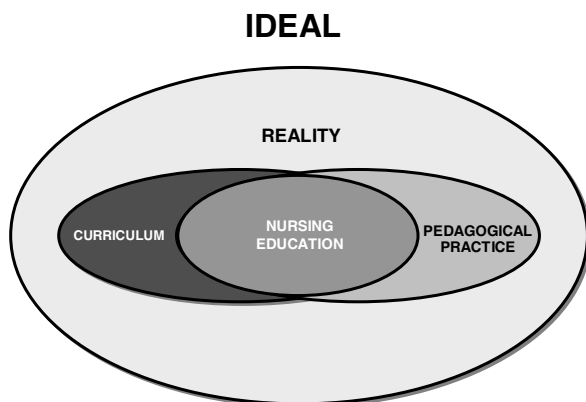


Figure 2 - Undergraduate Nursing Course Curriculum at UESC, to be constructed as an *integration* curriculum

Figure 2 is an analogical model, which we believe is ideal or close to ideal and more coherent with *Reality*. In this conception, *Curriculum*, *Pedagogical Practice* and *Reality* are integrated, attending to common needs. This would result in an *integration* curriculum, in pedagogical practice with humanistic actions, where *Reality* (regional health context) includes all subjects, receiving priority in curricular organization, stimulating constant assessments of pertinence and any necessary corrections/adaptations.

We are referring to academic training through integrated actions (Figure 2), preparing professionals who are directed at understanding and making possible actions of the "Health Act's Pair" - which consists of the health professional and the subject seeking help from health services. This presupposes cooperation between peers, between the partners in these cooperative actions, as these people join to realize a common task with the same objective, performing the cooperative actions needed to maintain and/or recover health.

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