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RESEARCH

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NURSING CONSULTATION WITH A SYNDROMIC APPROACH: PERSPECTIVES OF NURSING EDUCATION

Consulta de enfermagem com abordagem sindrômica: perspectivas do ensino por enfermeiros

Consulta de enfermería con enfoque sindrómico: perspectivas do ensino por enfermeiros

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ABSTRACT

Objective: The study's goal has been to further understand the meaning of teaching nursing consultation with a syndromic approach towards registered nurses. **Methods:** It is a qualitative research supported by the Social Phenomenology, which was carried out over 2013 through the participation of 19 professor/care nurses from four university hospitals. Such hospitals were located in the metropolitan region of the *Rio de Janeiro* city. The testimonies were analyzed and organized into concrete experience categories. **Results:** The following categories were highlighted: "Demonstrating the practice of nursing consultation with a syndromic approach", "Opportunitizing the development of skills and competences for nursing consultation" and "Share the intentionality of teaching nursing consultation". **Conclusions:** There has been found that registered nurses see themselves as "teaching beings", and such behavior is determinant for their actions and unrelated to their academic background. This conduct is based on the nurses' intentional action of teaching, apprehended in the intersubjectivity of the face-to-face relationship with undergraduate and postgraduate students, then enabling their own awareness in recognizing the Nursing Consultation teaching practice as both unique and substantiated.

Descriptors: Nursing education, clinic nursing, health education, clinical competence, nursing professors.

RESUMO

Objetivo: compreender o significado do ensino da consulta de enfermagem com abordagem sindrômica para enfermeiros. **Método:** pesquisa qualitativa, sustentada na Fenomenologia Social, realizada com 19 enfermeiros docentes e assistenciais de quatro hospitais universitários da região metropolitana do Rio de Janeiro, em 2013. Os depoimentos foram analisados e organizados em categorias concretas do vivido. **Resultados:** destacaram-seas categorias: "Demonstrar a prática da consulta de enfermagem com abordagem sindrômica",

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“Oportunizar o desenvolvimento de habilidades e competências para a consulta de enfermagem” e “Compartilhar a intencionalidade do ensino da consulta de enfermagem”. **Conclusões:** constatamos que os Enfermeiros se vêem como “seres docentes”, sendo esse comportamento determinante de suas ações, independente da sua formação acadêmica, pois se pautam em sua ação intencional de ensinar, apreendida na intersubjetividade da relação face a face com os graduandos e pós-graduandos, possibilitando à sua consciência o reconhecimento da prática do ensino da Consulta de Enfermagem como única e fundamentada.

Descritores: Educação em enfermagem, enfermagem no consultório, educação em saúde, competência clínica, docentes de enfermagem.

RESUMÉN

Objetivo: Comprender el significado de la enseñanza de la consulta de enfermería con enfoque sindrómico para enfermeros. **Método:** Investigación cualitativa, sostenida en la Fenomenología Social, realizada con 19 enfermeros docentes y asistenciales de cuatro hospitales universitarios de la región metropolitana de Río de Janeiro, en 2013. Los testimonios fueron analizados y organizados en categorías concretas de lo vivido. **Resultados:** Se destacaron las categorías: “Demostrar la práctica de la consulta de enfermería con abordaje sindrómico”, “Oportunizar el desarrollo de habilidades y competencias para la consulta de enfermería” y “Compartir la intencionalidad de la enseñanza de la consulta de enfermería”. **Conclusiones:** Constatamos que los enfermeros se ven como “seres docentes”, siendo ese comportamiento determinante de sus acciones, independiente de su formación académica, pues se pautan en su acción intencional de enseñar, aprehendida en la intersubjetividad de la relación cara a cara con los graduandos y post-graduandos, posibilitando a su conciencia el reconocimiento de la práctica de la enseñanza de la Consulta de Enfermería como única y fundamentada.

Descriptores: Educación en enfermería, enfermería de consulta, educación en salud, competencia clínica, docentes de enfermería.

INTRODUCTION

Nursing education plays an essential role in the nurses' intellectual and technical development. It is due to its relevance in the outcome of training and professional performance.

Furthermore, the objective of the teaching-learning process in nursing training is the possibility of providing opportunities for students to become nurses with the knowledge and skills that are required to provide high-quality care based on the needs of clients. Education must be taken care, in the sense of help, solicitude, ect; because in the teaching world we provide care in a responsible way, committed to what happens to us and to the other, who we are and with whom we are.¹

The professor as a mediator should instigate the student to reflect on professional training and the reality in which they are living, not only attending to the capacity of the students to remember or reproduce information. Instead, the professor addresses altering the students' understanding, in other words, demonstrating involvement for a qualitative change in the students' reality. Strategies that enable students to develop nursing skills, solve problems, and develop

reflective and critical thinking are needed in nursing graduation courses. Given the aforesaid, it is necessary to have comprehension about the aspects that impact students' nursing learning.¹

Hence, the teaching-assistance approach constitutes a constructive element and facilitator of teaching. Therefore, it allows the subjects to share and reflect on the common experiences, with a view to learning that values the involvement of the professor, the nurse assistant, the student, and the client, considered active members of the process of knowledge creation.²

This fact is in line with the demands of health problems in Brazil with their realities and complexities, asking us to think about the profile of health professionals focused on a demanding labor market, which has undergone constant changes, emphasizing the need to break with models that only establish in the training of nurses to repeat doing, preventing the manifestation of proactivity to reinvent and rework their profession.

It is in this current and historical panorama that the nursing activity named as Nursing Consultation is considered as a pedagogical practice capable of promoting changes in nurses' training, and practiced in the various health programs normalized by the Ministry of Health, characterizing itself as a strategy in the provision of health care for the various population groups.

A historical point that deserves to be highlighted, since it is related to the practice of consultation that must be developed with all human groups, was the fact that, since 1993, the Ministry of Health has begun to recommend the concept of syndromic approach inserted in the queries. And it targets the brevity of identifying signs and symptoms and then managing them with immediate interventions, aiming at solving individuals' needs.³

Following, it is possible to find the main objectives of the syndromic approach towards sexually transmitted infections: classifying the main etiological agents according to the clinical syndromes they cause; using flowcharts that help the professional identify the causes of syndromes; indicating the treatment for the most frequent etiological agents of the syndrome; including the attention of partners, advice and education on risk reduction, adherence to treatment and provision and guidance for appropriate use of condoms; including the supply of serology for syphilis and for the Human Immunodeficiency Virus (HIV).⁴

Given this context and according to the Resolution No. 159/1993 from the *Conselho Federal de Enfermagem (COFEN)* [Federal Nursing Council], the consultation was described as the use of components of the scientific method to identify health/disease situations at all levels of care. The nursing consultation is one of the scenarios of application of the nursing process in which the stages of the investigation, diagnosis, planning, implementation, and evaluation are contained.⁵

Bearing this in mind, the action syndromic approach is performed, but not named yet, incorporating the Nursing Process/Nursing Systematization Care, according to the COFEN's Resolution No. 359/2009.⁶ Therefore, it is subsidized the nurse who performs the Nursing Consultation in a resolution practice of cases of first and subsequent contact with the health system, with greater coverage, facilitating at primary and secondary levels, for actions that promote promotion measures diagnosis and treatment.

In this sense, it was created an expectation to show the possible teaching approaches practiced by nurses, caregivers, and professors, favoring the knowledge about the teaching of the nursing consultation with the use of the syndromic approach. This has subsidized identifying the question that guided the present investigation: Does the nurse relate the teaching of the nursing consultation with a syndromic approach as a means to construct the intentional action of training both the undergraduate and postgraduate nursing student?

Concerning the study's objective, it is delimited as follows: understanding the meaning of teaching nursing consultation with a syndromic approach towards registered nurses.

Investigations of this kind will provide contributions to the training of nurses, considering the possibility of improving care and the decision-making process by these professionals. Thus, it has in view the reach of the quality of care provided, as they seek meaning in the action of the experience of professors and caregivers who teach the nursing consultation with a syndromic approach.

Hence, it is crucial to ponder on the forms of production in health and the permanent attention on the professional insertion in the productive structure of the country, in order to contribute to the overcoming of the biological model and in the sectoral nature that characterizes the training and the performance of health professionals.⁷

METHODS

Bearing in mind that this research involving human beings, all the ethical and legal precepts regulated by Resolution No. 466/2012 from the National Health Council were obeyed.¹² The project was approved by the Research Ethics Committees with human beings from the four hospitals participating, under protocol numbers 071/11, 168/11, 3069/11 and 08/11, respectively.

It is a qualitative research of a phenomenological approach having the analysis based on the Social Phenomenology of Alfred Schutz.⁸ The Social Phenomenology envisions the understanding of the meaning given by the professor/care nurse to the development of the nursing consultation with a syndromic approach.

The phenomenological reference is an alternative of investigation that contributes to an attentive perception about the experiences lived and related to the health-illness

process of the human beings. Moreover, it mostly reaches the experiences that happen in different health care and assistance scenarios.^{8,9}

For Schutz's Social Phenomenology, the everyday world is the scenario where the being lives, which has already been structured previously, in other words, before his birth.⁹ Thus, Schutz points out that "the world of everyday life is common to all and exists because we live in him as men, with other men, with whom we are bound by influences and tasks in common, understanding the truth and being understood by them."¹⁰

The action is interpreted by the subject based on their existential motives, derived from the experiences inscribed in subjectivity, constituting threads of action in the social world. Those that relate to the achievement of goals, expectations, projects are called "reasons for" and those based on the background, the knowledge, the experience lived in the biopsychosocial sphere of the person are called "reasons why."⁸

The expectations explored in this study are related to what the professor/care nurses expect regarding the teaching of the nursing consultation with a syndromic approach, their interests. For the Social Phenomenology, they are called the "motives for" their actions.

Thus, the Social Phenomenology allows the description of the total structure of the experience lived and the perception of the individuals about their experiences, characterizing itself as an intuitive method.⁸ Phenomenology seeks the intentionality of the actions of a social group, in other words, the professor/care nurse who teaches and its intentionality for what it teaches, for whom it teaches and for whom it teaches.

The research had as scenarios the four university teaching hospitals located in the metropolitan region of the *Rio de Janeiro* city. The scenarios were chosen because they are references to hospital care that collaborate with universities and colleges, with the objectives of participating in training activities and investigating the teaching domain of health professionals.

Furthermore, these health care units have attendances and teaching, research and extension activities, in which professors, physicians, nurses, social workers, psychologists, physiotherapists, residents and undergraduate and postgraduate students in multidisciplinary residences with a focus on Women's Health and in Family Health, among others. They receive residents of other services to practice in the outpatient clinics, where they are accompanied by the care nurses when they are working, and professors with several associated activities, with emphasis on the nursing consultation with a syndromic approach, inserted in the population's daily care flow.

The outpatient clinics of the above-mentioned institutions were the locus of the research, where the largest number of activities related to nursing consultations occur.

The participants of this study were 19 (nineteen) professor/care nurses who practice the Nursing Consultation with Syndromic Approach along with undergraduate and postgraduate nursing students in selected university teaching hospitals.

It was considered as inclusion criteria for the nurse to be inserted in the nursing consultations in the teaching/assistance practice, with a minimum of two years, and who wanted to report the experience of the intentional action of teaching the nursing consultation with a syndromic approach. And as exclusion criteria, nurses who did not wish to participate as participants in the study or who, for some reason, were absent from the research scenario for vacation, maternity leave, premium leave, and health reasons, among others.

As a methodological resource for data collection, the phenomenological interview was used. The phenomenological interview is considered as “face-to-face meetings between the researcher and the informants, meetings aimed at understanding the perspectives of informants about their lives, experiences, and situations as they express them in their own words.”^{10,11}

The phenomenological interview was composed of a script with personal data of the participants and the following guiding question: “What are your goals when teaching the nursing consultation with a syndromic approach for undergraduate and postgraduate students?” The statements were recorded after signing out the Informed Consent Form (ICF).

The testimonies were obtained over the period from November 2012 to July 2013, in private rooms of the scenarios. The average duration of each interview was 4 minutes. Nurses were identified by star names of the solar system. The collection of testimonies was closed at the moment that the inquiries were realized and the research objectives reached.

The organization and categorization of the research material were carried out according to steps adopted by researchers of social phenomenology.¹⁰ Initially, a careful reading of each testimony was carried out in order to identify and apprehend the meaning of the action of teaching nursing consultation with a syndromic approach. Next, the unstructured material emanated from the convergence of meanings about the nurse’s action was organized. This organization had as objective to obtain concrete categories, considered as objective constructs elaborated by the researcher, based on the experience explained by the participants.

Participants’ statements were transcribed, organized through information on the nurses’ profile (biographical situation), and on the motivation of these professionals (reason-for). Then, they were analyzed with support in the theoretical-methodological framework of Alfred Schutz and in the light of correlate literature.⁸

RESULTS

In regards to the characterization of the participants, 19 (nineteen) professors were interviewed. This is made clear in the results with the representation of 14 (fourteen) care nurses and 5 (five) teaching nurses who develop the Nursing Consultation in the public teaching hospitals of *Rio de Janeiro* that were from the study’s survey regions.

Considering the time of the interviewees’ experiences as nurses, the result ranged from 03 to 35 working years. Thus, the average of 21.94 worked years, having an estimate of 10 to 30 years of activities in nursing practice.

In relation to the postgraduate activities developed, during the nursing care activity, the results of the characterization of the biographical situation, in their totality, showed that the 19 (nineteen) interviewees developed and still develop their academic qualification, being 06 (six) interviewed with the masters degree, 01 (one) doctor 01 (one) doctorate. In addition to the 11 (eleven) nurses with the courses of Update, Training, and Improvement.

It is worth mentioning that only one interviewee describes having a Bachelor’s Degree in Nursing. It is also emphasized that the 16 (sixteen) interviewees have Qualifications in Public Health, Medical-Surgical and Obstetrics, improvement methods existing at the time, which were articulated to the Curricular Guidelines for completing the training of nurses from the 60’s era in which the Federal Council of Education established a sum of competencies in the professional body with the possibility of complementation, adding another year of workload in the entire Nursing course.

Conclusively, 06 (six) of the interviewees reported having between 05 and 07 years of daily activities in the Nursing Consultation with a Syndromic Approach. Those interviewed with these characteristics develop the activities in the scenarios of the following: Gynecology, Sexually Transmitted Infection and Anonymous Testing Centers.

Concerning the qualitative analysis, the nurses’ experience in the context of the nursing consultation with a syndromic approach was highlighted in the concrete categories of the experience presented below:

Category 1: Demonstrating the practice of nursing consultation with a syndromic approach

The nurses demonstrated the need to value their social action, giving undergraduates and postgraduates their knowledge and their experience with intentional action. In this context, rethinking professional status permeates the very reflection of the professional image, if we accept the fact that, when playing certain roles in institutions, nurses participate in a social and political world, it can be said that when internalizing their roles, they not only participate in that world but also reproduce it.

Regulatory requirements emphasize that nurses need to prove their value, both to consumers and to employers, by showing how they impact on the health outcomes of the population. The speech below portrays this perspective.

As for this question of students, I think so: the technique we use, no one ever told us whether she was good or not, what has been done with the students, got it? We only know why there is an immediate return of them saying that they enjoyed going through an interesting experience, but one has no way of knowing how it was for academic life, if what we are doing is adequate, did you get it? "Oh, go on like this, it is cool" or "No! let's change something here" (...) We feel that a bit, at least I feel it. We give all we can, not knowing if it's right, do you understand? (Vega)

Category 2: Opportunizing the development of skills and competences for nursing consultation

Analyzing the speeches, it is identified that the professor/care nurses, through their knowledge baggage, highlight the need to teach nursing undergraduate and postgraduate students to learn to "listen" to the speeches of the subjects involved in this face-to-face relationship. And that happens during the nursing consultation with a syndromic approach, in the respective scenarios of teaching hospitals.

They emphasize the meanings attributed to nurses' teaching, which occurs in a context of relations between the profession, professionalism and the formation of the nurse, in other words, it is a context of meanings, singularities, and intersubjectivities in sharing. They also include, as significant points, the reflexive exercise about teaching, the valorization of teaching practice, the knowledge acquired through scientific practices and experiences through the collective work performed in the teaching hospital as a space for ongoing and permanent training.

For nurses, it is necessary to have a specific relationship in teaching that is humanized, lacking in assumptions, so that there is empathy between the subjects and intersubjectivity happens. The testimonials below reveal such a perception.

Divide knowledge. I'm not afraid to share anything with anyone, because what's mine is mine, what I know, I know, nobody can take from me. They share, they share, they learn, they can be sure, I learn a lot ... Divide, share, exchange experience, teach and learn with women, with a resident, with everyone, we never know everything, do we? (Ares)

The interviewees affirm that it is important to demonstrate the reality of the profession of being a nurse in the health context, and that the students pass through the sector for a period, without the commitment to return, but

the knowledge acquired remains, is proper and singular, only the subject can give meaning to their actions, and through them the construct of knowledge in Nursing is what the subjects point to follow. This perception is represented in the following speech.

[...] So, always at the end of the shift, I open the discussion so that they speak not only about the technical issues, the skills that are required by the nurse profession, know how to do, know how to identify, how to write, how to transcribe, this other skill as he approached, as he interpreted, what he noticed in the speech, to value what was sometimes not said. (Pollux)

Category 3: Share the intentionality of teaching nursing consultation

The nurse practitioner, with his/her time lived, is concerned with the dimension of the perpetuation of the nursing profession, and recognizes in the construction of the teaching practice of the nursing consultation with syndromic approach, the indispensable requirements for the practice of care, noting in each student, their own characteristics, in short, their singularities. Below, the speech follows.

My concern is to share there in the consultation, to accompany the physical examination, the questions, the welcoming. A make that is part of the practice and that needs to be dominated by the Nurse. (Acrux)

The theoretical-practical knowledge was demonstrated, since it allows the teaching of the professional exercise, recognized on the subjective aspects circumscribed to the needs of care of the individual, during the face-to-face relationship offered in the nursing consultation. Following are some testimonials related to this perception.

First, we'll do the consultation. We, nurses, do it once, twice. Then we put them to do it, right? And always staying around. In the case of the residents, they have graduated, it would not be needed. But it is up to every professional. I prefer to be together [...] And where I got postgraduated, it was in geriatrics, I took the INCA residence and specialization, which was very cool. (Inanna)

We must emphasize it so the student can observe this conduct and also, in the future, do it as well. Therefore, he can do the same, or something like that, even more. So that is the goal, we emphasize the importance of preventing the proper use of the Syndromic Approach with clinical examination is important, the welcoming, to this patient. (Pollux)

The intentionality of the teaching of the Nursing Consultation was based on the academic teaching consisting of a practice of vertical education, not significantly affecting the professional training, requiring exercises during the teaching practice “listening” the representations and the knowledge of the students in respect to the sensitive dimension of the human being. Below is the testimonial representing the following:

Considering this question of students, I think so, the technique we use, no one ever told us whether she was good or not, what has been done with students, understood? We only know why there is an immediate return of them speaking that they liked to go through an interesting experience, but one does not have much like to know how this was for their academic life, if what we think is adequate, understood? (Sirius)

DISCUSSION

The professor/care nurses used the Nursing Consultation teaching in the nurse-patient interpersonal relationship to train nursing undergraduate and postgraduate students, expanding their personal and professional knowledge bases, enabling them to use this knowledge in the daily nursing activities in general. Therefore, they value teaching, believing that the interpersonal relationship is fundamental in nursing care, favoring the knowledge so that the students acquire skills and competences in a significant way in the process of professional training in undergraduate and postgraduate courses in nursing.

Among them is the knowledge of the Integral Care Line that incorporates the idea of integrality in health care, with the daily organization of work explicitly opposed to the *Sistema Único de Saúde (SUS)* [Unified Health System], or what means: unify health promotion actions, prevention of injuries, curative and rehabilitative; provide access to all the technological resources the user needs, from home visits performed by the Family Health Strategy and other devices such as the Home Care Program, to those of high hospital complexity. Full care is complete, based on the welcoming act of the health professional, establishing bonding and accountability in the face of the health problem brought by the user.¹³

Therefore, the contents emerged naturally, in such a way that the lived of the nurses of the teaching hospitals showed their most relevant aspects, giving rise to the categories. This allowed us to reveal that the experience does not portray a particular nurse, but it does an idealization of what is common in the action of professor/care nurses who have experienced the experience of teaching the nursing consultation with a syndromic approach, which has a common sense and importance Social. Hence the saying that, for a lived type, there is only one typical motive with regard to a typical act.¹⁴

So, they wish to enable their nursing undergraduate and postgraduate students, future nurses and those who are already professionals, to have interpersonal experiences so they can deal with behaviors related to the health-disease process, stimulating the people who receive their care, the development of health promotion. And at the same time, transforming these experiences into intentional action through new attitudes, relationships, and nursing care.

In this sense, we live in an everyday world where our actions and intentions indicate a subjective world. This everyday world represents the world of all of us, space with the future generation.¹⁴

The impact of the social action of teaching of nursing consultation to nursing undergraduate and postgraduate students with the syndromic approach is aligned with the process of orientation to the care of the human being from their established needs. In order to do so, they demonstrated that they were based on conceptual content and opportunities experienced by nurses in theoretical and practical moments, providing the professor/care nurses with reflections on the quality of the care provided to the individual, considering him as a multidimensional person, anchored in understanding the actions and emotional reactions present in the act of caring, learning to deal with the thoughts and feelings experienced in this caring experience.

Therefore, it is necessary to discuss the importance of the reflection of a conscious and critical educational practice for the future. Just as it is fundamental that education is concerned with knowing what it is to know, that it is not a fragmented education, and that it returns to the unity as human being.¹⁴

In teaching the nursing consultation with a syndromic approach in valuing the intersubjectivity of the action, the professor/care nurse enables moments of reflection on the part of the student, in order that the same exercise their self-knowledge. Thus, sensitizing him to the point of making a constant assessment of his attitudes as a student, as an individual inserted in the world of life and in the future of the nursing professional.

The practice of professor/care nurses in the future nursing student's formation is revealed from their “motives-for” in the intentionality of teaching conjugated to the student's “reasons for learning”, when they share the common process lived in the consultation of nursing with a syndromic approach.

These motives emerged from the interactive relationships experienced in this intentional action, in which the subjective acts and objectives communicated by the professor enabled concrete learning experiences for the student. Thus, it takes to the student to integrate and to understand specific knowledge for the promotion of the care to the individual.

The professor in his face-to-face relationship with the student not only conveys theoretical-practical knowledge, but wants his message to stimulate the student's motivation

as a human person. In other words, to assume a particular attitude or develop some kind of resolute behavior to the client's need and family.

In this scenario, the intentionality of the professor/care nurse in the production of competence, mediating the constitutive processes of the citizenship of the undergraduate students, makes that the intentional action transpires as a requirement of the role of the professor. And thus, in the search of the orientation of its practices to undergraduate and postgraduate students with the purpose of enabling them to overcome confrontations of the health problems in a global way.

The educational activity of the consultation is focused both on health education, providing quality of life for patient care, and for reflections. In this way, it brings possible changes in the behavior of the professionals involved in the process.¹⁴

In developing the nursing consultation with a syndromic approach, the reason for the professor/care nurse becomes significant for the student who lives the intentionality of the awareness of the nursing care action. This sphere becomes possible when the perceived processes come to be seen as experiences that belong to other consciousnesses, providing to the student the learning and the incorporation of such knowledge in his baggage of knowledge.¹⁰

Thus, the acquired knowledge is a relevant element of the professor/care nurse who teaches, and the undergraduate or postgraduate student who learns; happens to be of both. Such knowledge is conceived as objective and singular, independent of the definition of being a teacher and student, of the biographical circumstances, of the purposes at hand, real and potential involvement in the phenomenon of teaching and learning to teach.

The nursing consultation should be a systematized practice, structured scientifically and using a unified nursing language, giving the communication and documentation of its practice. Thus, it favors the promotion, protection, and maintenance of life, as well as the improvement in the quality of care provided to the person, family and community.¹⁵

Limitations of the study

Considering that the nursing consultation with a syndromic approach involves a range of knowledge and practices, and that understanding it, from the perspective of a single professional category, limits the findings of this study, since it reflects the nurses' specific experiences and expectations, which can differ from other professionals.

CONCLUSIONS

The professor/care nurses have elucidated that a teaching experience with people showing different knowledge backgrounds, such as undergraduates and postgraduates, primarily, makes it possible to know their subjectivities, then realizing that just as there are different ways of learning, so, different ways of teaching should exist to meet them.

The intentional action of teaching that emerged from the experience of professor/care nurses demonstrated that the training process is still far from professional practice. The result is the fragmented and disintegrated relationship between what you learn and what you practice.

There has been found that registered nurses see themselves as "teaching beings", and such behavior is determinant for their actions and unrelated to their academic background. This conduct is based on the nurses' intentional action of teaching, apprehended in the intersubjectivity of the face-to-face relationship with undergraduate and postgraduate students, then enabling their own awareness in recognizing the Nursing Consultation teaching practice as both unique and substantiated.

These actions proved to be strengthened when teaching the Nursing Consultation with a Syndromic Approach. These actions described as being operated through a dynamic of horizontal and decentralized social relations, based on the face-to-face relationship, on the singularity and intersubjectivity between the subjects that are reinventing themselves continuously.

Given the aforementioned, this study targeted to contribute towards the nursing education, mainly, the Nursing Consultation matter. Contributing to the professional training, not only from a technical point of view, but also ethical, emotional and political, committed to principles of solidarity, justice, respect, dignity, and integrality, thus seeking social transformations.

REFERENCES

1. Westin L, Sundler AJ, Berglund M. Students' experiences of learning in relation to didactic strategies during the first year of a nursing programme: a qualitative study. *BMC Medical Education*. 2015; 15:49.
2. Merighi MAB, Jesus MCP, Domingos SRF, Oliveira DM, Ito TN. Teaching and learning in the clinical field: perspective of teachers, nurses and nursing students. *Rev. bras. enferm.* [Internet]. 2014 Aug [cited 2016 Apr 16]; 67 (4): 505-511. Available from: <http://www.scielo.br/pdf/reben/v67n4/0034-7167-reben-67-04-0505.pdf>
3. Gottens LBD, Alvarez AM, Almeida LMWS. Educação em Enfermagem: qualidade, inovação e responsabilidade. *Rev. bras. enferm.* [Internet]. 2014 Ago [citado 2016 Abr 16]; 67 (4): 499-500. Disponível em: <http://dx.doi.org/10.1590/0034-7167.2014670401>.
4. Moherdaui F. Abordagem sindrômica das doenças sexualmente transmissíveis. *Jornal brasileiro de Doenças Sexualmente Transmissíveis*. 2000; 12(4): 40-49
5. Conselho Federal de Enfermagem (BR). Resolução COFEN 159/1993, de 19 de abril de 1993. Dispõe sobre a consulta de enfermagem. 1993 [acesso 2016 Jul 23]. Disponível em: http://www.cofen.gov.br/resolucofen-1591993_4241.html
6. Conselho Federal de Enfermagem. Resolução nº 359 de 15 de outubro de 2009. Dispõe sobre a Sistematização da Assistência de Enfermagem e a implementação do Processo de Enfermagem em ambientes, públicos ou privados, em que ocorre o cuidado profissional de Enfermagem e dá outras providências. [Internet] Brasília, DF: Conselho Federal de Enfermagem; 2009 [cited 2015 July 04]. Available from: http://www.cofen.gov.br/resolucofen-3592009_4385.html
7. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde, Programa Nacional de DST e AIDS. Manual de Controle Doenças Sexualmente Transmissíveis DST. Série Manuais N° 68; 4. Ed. Brasília, DF; 2006.
8. Schutz A. Sobre fenomenologia e relações sociais. Petrópolis (RJ): Vozes; 2012.

9. Oliveira DM, Meirighi MA, Jesus MC. The decision of an obese woman to have bariatric surgery: the social phenomenology. *Rev Esc Enferm USP* [Internet] 2014 [cited 2015 Jan 12];48(6):[about 6 p]. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/25626494>
10. Jesus MCP, Capalbo C, Merighi MAB, Oliveira DM, Tocantins FR, Rodrigues BMRD, et al. A fenomenologia social de Alfred Schütz e sua contribuição para a enfermagem. *Rev Esc Enferm USP* [Internet] 2013 [cited 2015 Jan 12];47(3):736-41. Available from: http://www.scielo.br/pdf/reeusp/v47n3/en_0080-6234-reeusp-47-3-00736.pdf
11. Muñoz LA, Sanchez X, Arcos E, Vollrath A, Bonatti C. Vivenciando a maternidade em contextos de vulnerabilidade social: uma abordagem compreensiva da fenomenologia social. *Rev. Latino-Am. Enfermagem* jul.-ago. 2013; 21(4): [07 telas]. Available from: http://www.scielo.br/pdf/rlae/v21n4/pt_0104-1169-rlae-21-04-0913.pdf
12. Conselho Nacional de Saúde. Resolução nº. 466, de 12 de dezembro de 2012. Dispõe sobre a ética em pesquisa que envolve seres humanos. [Internet]. 2012 [cited 2015 June 20]. Available from: <http://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>
13. Pessoa LR, Franco C, Santos EHA, Torres KROB, Salgado MF, Santos SA. Manual do Gerente: desafios da média gerência na saúde. 1st ed. Rio de Janeiro: ENSP; 2011.
14. Zeferino MT, Carraro TE. Alfred Schutz: do referencial teórico-filosófico aos princípios metodológicos de pesquisa fenomenológica. *Texto contexto-enferm* [Internet] 2013 [cited 2014 Sept 14]; 22(3):826-34. Available from: http://www.scielo.br/pdf/tce/v22n3/en_v22n3a32.pdf
15. Dantas CN, Santos VEP, Tourinho FSV. Nursing consultation as a technology for care in light of the thoughts of Bacon and Galimberti. *Texto Contexto Enferm*, 2016; 25 (1): e2800014.

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