

POTENTIALITIES AND WEAKNESSES OF THE SUPERVISED CURRICULAR INTERNSHIP: CONCEPTION OF STUDENTS AND GRADUATES

POTENCIALIDADES E FRAGILIDADES DO ESTÁGIO CURRICULAR SUPERVISIONADO: CONCEPÇÃO DE DISCENTES E EGRESSOS

POTENCIALIDADES Y FRAGILIDADES DE LA PRÁCTICA CURRICULAR SUPERVISADA: CONCEPCIÓN DE ESTUDIANTES Y GRADUADOS

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Objective: to identify strengths and weaknesses that emerge in the development of the Supervised Curricular Internship, in the perspective of students and graduates. **Method:** qualitative, descriptive-exploratory study with data collected from March to May 2016 by means of a semi-structured interview. The analysis was of the categorical-type content. **Results:** the analysis originated two categories: Potentialities that emerge while developing the Supervised Curricular Internship and Difficulties faced during the Supervised Curricular Internship. **Conclusion:** the Supervised Curricular Internship promoted multiple influences in the nurse's education, allowing for attitudinal and relational experiences, as well as improvement of theoretical and practical knowledge, skills and abilities; the fragility was the high demand from other subjects in the same semester and difficulties in interpersonal relationships with service professionals and faculty of the institution.

Descriptors: Nursing. Education, Nursing. Students, Nursing. Clinical Clerkship.

Objetivo: identificar potencialidades e fragilidades que emergem no desenvolvimento do Estágio Curricular Supervisionado, na perspectiva de discentes e egressos. *Método:* estudo qualitativo, descritivo-exploratório com dados

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coletados de março a maio de 2016 por meio de entrevista semiestruturada. A análise foi de conteúdo do tipo categorial. Resultados: da análise emergiram duas categorias: Potencialidades que emergem no desenvolvimento do Estágio Curricular Supervisionado e Dificuldades enfrentadas durante o Estágio Curricular Supervisionado. Conclusão: o Estágio Curricular Supervisionado promoveu múltiplas influências na formação do enfermeiro, oportunizando experiências atitudinais e relacionais, bem como aprimoramento de conhecimentos teórico-práticos, competências e habilidades; teve como fragilidade a alta demanda de outras disciplinas no mesmo período e dificuldades nas relações interpessoais com os profissionais do serviço e docentes da instituição.

Descritores: Enfermagem. Educação em Enfermagem. Estudantes de Enfermagem. Estágio Clínico.

Objetivo: identificar las potencialidades y fragilidades que surgen en el desarrollo de la Práctica Curricular Supervisada, en la perspectiva de los alumnos y antiguos alumnos. Método: estudio cualitativo, descriptivo-exploratorio con datos recopilados de marzo a mayo de 2016, por medio de entrevista semi-estructurada. El análisis fue de contenido del tipo categórico. Resultados: del análisis surgieron dos categorías: potencialidades que surgen en el desarrollo de la Práctica Curricular Supervisada y dificultades encontradas durante la Práctica Curricular Supervisada. Conclusión: la Práctica Curricular Supervisada promovió múltiples influencias en la formación del enfermero, permitiendo experiencias relacionales y actitudinales, así como la mejora de los conocimientos teóricos y prácticos, destrezas y habilidades; tuvo como fragilidad, la alta demanda de otras disciplinas en el mismo período y las dificultades en las relaciones interpersonales con los profesionales de los servicios y profesores de la institución.

Descriptores: Enfermería. Educación en Enfermería. Estudiantes de Enfermería. Prácticas Clínicas.

Introduction

The National Curricular Guidelines for nursing undergraduate courses (DCNEnf) feature on the profile of the graduate based on principles, fundamentals, conditions and procedures inherent to the nurse's education. The DCNEnf address skills and general and specific skills that should base the professional education. In the nurse's education, there is the mandatory inclusion of the Supervised Curricular Internship (SCI) in the last two semesters, with 20% of the total course load, and may be performed at hospitals, clinics, health services basic network and communities, under the supervision of a nurse inserted into the health service and guidance of a professor from the educational institution⁽¹⁾.

The development of the SCI requires partnerships between the education institution and health services. The undergraduate nursing courses should provide fields for the accomplishment of the SCI. These should facilitate the integration of students in the reality of the professional practice, allowing them for the achievement of learning, through theoretical and practical activities. With this, the objective is to improve the professional qualification⁽²⁾.

Activities that enable the integration of students in the scenarios can help reduce gaps between theory and practice and reveal as contributory to students' experiences⁽³⁾. "The SCI inserts the individual in the daily work and contributes to the expression of the professional subject"^(4:138). This is a crucial step in the education process, since, in addition to the resignification of knowledge, there is the development of critical thinking, communication skills, leadership and decision-making in real-world scenarios of the nurse's practice⁽⁵⁾.

Considering the complexity that covers nurses' education, it is important to identify and assess the strengths and weaknesses of the SCI, because this represents a positive way in the construction of the student-professional profile, contributing to the development of the humanized acting and critical-reflective thinking. The internship allows students for correlating and systematically applying theoretical-practical knowledge accessed during the education process, being able to (re)learn and intervene in everyday problem-situations, exercising social responsibility and commitment to citizenship, as promoters of the integral health

of the human being⁽¹⁾. In times of discussions and recast for new DCNEnf, there becomes valid understanding, along with students and graduates, the repercussions of the SCI in the professional educational process. This thinking allows for future reshaping of curricula, aiming to train professionals increasingly qualified for insertion in the labor market, in addition to representing with magnitude the nursing subject. Furthermore, this study asks: What are the strengths and weaknesses that emerge during the development of Supervised Curricular Internship in the professional education process of students and graduates from a nursing undergraduate course?

The objective of this article is to identify the potentialities and weaknesses that emerge in the development of Supervised Curricular Internship in the perspective of students and graduates.

Method

Descriptive and exploratory study with a qualitative approach, developed at a Nursing undergraduate course at a Federal University of the state of Rio Grande do Sul, Brazil, in the period from March to May 2016.

The course has already worked with seven curricular organizations. The last has gone into effect in the first half of 2016, and has not developed the SCI yet. The SCI has become part of the course in the fourth curriculum and has been in force since 1998. The sixth curriculum, with a duration of eight semesters, in force at the time of the survey, had two subjects of SCI. The first, in the seventh semester, with duration of 210 hours, and the second, in the eighth semester, with duration of 600 hours. Concomitantly, there are two subjects of Course Completion Work (CCW): the first, in the seventh semester, with a duration of 60 hours, and the second, in the eighth, with a duration of 60 hours.

The research participants were students from the nursing course and graduates in residency. The selection occurred based on the following inclusion criteria: the students should be regularly attending, in the first half of 2016,

the subject Supervised Internship II (SCI II), equivalent to the eighth and last semester of the course; the graduates should be enrolled in the Multiprofessional Residency Program at the same institution at the time of data collection. The exclusion criteria were: students of the undergraduate course that were members of the research group in which the project was presented and discussed, because they had privileged access to the process of construction of the research; and the students who participated in the pilot test of the instrument of data collection.

At the time of data collection, 17 students were enrolled in the subject SCI II. Of this quantitative, three had no interest in participating in the study, two were excluded for having participated in the pilot test and two, for being part of the research group. Thus, the sample was composed of 10 students. Regarding the graduates, 17 were attending the residency. Of these, nine had no interest in participating in the study. The sample was composed of eight graduating nurses. Therefore, the study totaled 18 participants.

Data were collected through semi-structured interviews. These were scheduled on the date, hour and place according to the participants' availability. The interview consisted of five sociodemographic questions and 12 questions about SCI. A pilot test was conducted with three participants: two students and one graduate. The interviews were recorded and fully transcribed. The participants were identified by the letter "S" (students) and "I" (intern), followed by a number indicating the sequence of the accomplishment of the interviews (S1, S2,...I1, I2).

The technique used was the categorical-type content analysis⁽⁶⁾. In the stage of pre-analysis was performed the floating reading of the transcribed interviews, aiming to identify the meaning cores. Concomitantly began the process of prominence (marking) of these cores that responded to the study object. In the stage of exploration of the material, an in-depth reading was performed, followed by the identification and extraction of the record and context units. The process of grouping by similarity began, taking into account the criteria of completeness, representativeness,

homogeneity, relevance and exclusivity. In the stage of processing and interpretation, the units were grouped, forming the analytical categories.

The research met the requirements of Resolution n. 466/2012, which guides researches with humans, and was approved by the Research Ethics Committee (REC) of the institution of affiliation of the study, Opinion n. 1.370.240, Certificate of Submission for Ethical Consideration n. 51624315.5.0000.5346.

Results

After analyzing the interviews, two categories emerged, described as follows: Potentialities that emerge while developing the SCI and Difficulties faced during the Supervised Curricular Internship.

Potentialities that emerge while developing the SCI

The performance of students at health services is directly related to the development of skills and competencies along the SCI. This formative stage enables the enhancement and consolidation of theoretical and practical knowledge. The SCI favors the ripening of students in relation to the professional reality that is approaching, allowing for the strengthening of responsibility and autonomy:

I think the internship came to improve my knowledge. (S1).

It contributes to autonomy, to having more power of decision and responsibility too; it would be a test where I am the nurse. (14).

Autonomy. We have to take the initiative before the situations. There are many things the nurse must have, but this is one of the main. (S2).

I'm feeling more responsible regarding the patient's health, more attentive to errors, negligence. (S9).

The immersion in the reality of the nurse's work enables students to establish interpersonal relations intrinsic to the environment surrounding them. They include the opportunity to interact with students from other institutions, with the teams, supervising nurses, advisors and users of services:

It was very good! I think it has improved professionally, the way people act as professionals. I got inspired by them, by the way they treated the patients. (16).

If something new happened, she [the supervising nurse] changed my patient. There were several cases you had to play, different care[...] She studied together [the supervising nurse]. It was not like "I am better than you." (11).

The professor has always been open to what I had. She explained, talked, we worked together. She saw my opinion on things that happened [...] so I think my experience was good[...] there was dialog, she was always open-minded. (12).

I always try to treat as good as I can and has never had a problem with any user; on the contrary. (S7).

The fact of interacting with students from other institutions is very good. It allows you to share lessons, knowledge. (S4).

The daily experience of routine health services, especially nurses', allows the students to observe, understand and contribute to the activities carried out in the places in which they are inserted. Thus, the SCI is a facilitator for decision-making in places of professional practice, as well as for the self-knowledge, self-correction of behaviors, in addition to preparing for the labor market and the understanding of the operation of the Unified Health System (UHS):

Because we are always seeking, during the internship, to fix something that is not going well. (S3).

With issues of knowing me as a future professional, as a person, the character, the responsibility. (S6).

I'm also able to see where I want to be, since I was part of these internships in these fields, of which I don't see myself as part in the future. (S5).

Seeing the UHS, seeing the UHS in its entirety, and seeing how the program works, but it takes some time. So, it was a new look I acquired about the UHS. (S9).

Difficulties faced during the Supervised Curricular Internship

By means of closer links with the world of work, the student poses as a nurse and identifies weaknesses that require attention. Sometimes, the weaknesses involve knowledge (theoretical aspect) and procedures (practical aspect), since this step provides for facing situations not yet experienced. The weaknesses identified include

the need to deepen knowledge, difficulties in implementing procedures and the high workload:

I had to seek a greater knowledge, something more specific, hence I needed to dig deeper, I grabbed the book in the library. (S1).

You do [procedures] in a way, because you have learned that way. Then comes a person and says: "No, everything is wrong, do it differently". No matter if your technique is different, if it is correct, that's ok. (I1).

Because you have to study a lot, with all the course load of the last semesters. I think a vulnerability is the high workload [internship]. (I1).

The interpersonal relations enable students' improvement during this step. When not positive, they can compromise the development and the quality of the SCI. In this context, coexistence and communication difficulties emerge, arising from the relations with the supervising nurse, with the health team, the advisor and users of services:

My difficulty was the access to the nurse[...] because since I have difficulty accessing the nurse, I will become full of doubts that I'll have to seek answers to on my own. These doubts may not complete me and may not be answered. (S2).

I had a problem with an employee. Sometimes, they don't see you as a nurse there. (S3).

The teams are much closed. I think this causes a bit of fear. Some technicians did not even communicate. They treated me as an obstacle. (I1).

I didn't have much contact with my [professor] advisor in relation to the internship, I have always tried to bring these issues, but have never had her supervision during the internships. She also does not show much interest in knowing. I do not have much dialog with her in relation to the internship. (S7).

With the users too, some were a little "rude". Sometimes, they came and said: "I want an appointment". (S1).

Discussion

The competences and skills in nursing training are part of a set that aims to prepare future nurses to face the changes in the world of work⁽⁷⁾. Thus, through the development of managerial, educational and care activities during the SCI, the student can develop the autonomy, as well as decision-making, as observed among the potentialities reported both by students as graduates. The process of autonomy occurs gradually, according to the

students' uniqueness⁽⁸⁾. Both the autonomy as the skills and competencies are essential products in the professional educational process, since the profession requires an assistance based on quality and problem solving in health for the individual, the family and the collectivity. For this reason, it is essential that students understand the responsibility with their training, as stated in the report of the participant S2.

The Code of Ethics of Nursing Professionals describes that the Nursing professional acts with autonomy and in line with the ethical, legal, technical-scientific and theoretical-philosophical precepts⁽⁹⁾. In this way, the insertion into practical scenarios during the SCI results in a significant strategy of teaching-learning, which articulates theory and practice, motivating students and arousing their potentialities⁽¹⁰⁾. This period allows them to search for scientific foundation to sustain their actions, evidencing a rapprochement with theoretical-practical activities experienced in other moments of the education, as well as the search for new learnings.

The professional identity is built during the individual's relationship with the self, with others and with the workspace surrounding him/her. Therefore, the scenario where student are during the SCI may influence their attitudes, transforming and expressing their professional certainty⁽⁴⁾. In this way, besides the students' co-responsibility, the contributions of the advisor and the supervising nurse are significant to promote reflections in students about their professional identity. Furthermore, it allows for the self-knowledge and self-correction while future nurses, through the identification of their potentialities and weaknesses. The presence of professionals and professors during the SCI, as observed in the case of participants I6, I1 and I2, are decisive for learning. Moreover, when experiencing the nurse's work, students reflect about the fields that most interest them, through formal education, whether in care or in management.

The paradigmatic changes, transformations and achievements necessary to ensure the compliance with the UHS principles influenced

the (re)construction of the pedagogical projects of the courses, which should be in line with the Sanitary Reform and health policies⁽¹¹⁾. In this way, to understand how the UHS works is essential and comply with the DCNEnf objectives, which indicate that “Nurses’ education must meet the social needs of health, with emphasis on the Unified Health System (UHS) and ensure the integrity of the attention and the care quality and humanization”^(1:3). The theory learned in the classroom is strengthened when the student is immersed in the system, which favors the full understanding of its operation, identifying its potential and limiting factors.

A study conducted with supervising nurses identified that students have limited theoretical foundation⁽¹²⁾. Accordingly, the theoretical-practical difficulties, referred to by participants S1 and I1, are perceived as vulnerabilities, once the student hopes to reach the SCI dominating the contents and procedures seized and/or conducted along the professional education. However, the acquisition and/or the deepening of scientific reasoning is characterized as students’ co-responsibility with their education. The DCNEnf corroborate it when indicating, among the general skills and abilities to permanent education, the ability of the professional continuous learning, in both the graduation as the practice⁽¹⁾. The high workload during the SCI, referred to by the participants as difficulty, is followed by the attendance at other subjects and extracurricular activities. Thus, when the student conducts a range of activities, he/she cannot deepen the knowledge and feel frustrated for not be playing such activity with fullness.

The participants also reported the difficulty performing practical procedures. Along the professional education, practical classes are often composed of a large number of students and not everyone has the opportunity to perform/observe all procedures, particularly those that a nursing-specific. The students are negatively affected by the excessive number of students, pointing to the need to establish strategies regarding situations involving large groups in clinical practice⁽³⁾. However, the SCI

allows for intertwining theory and practice that will be decisive for the professional education, qualification and preparation of the profile of the future nurse⁽¹²⁾. The SCI allows students to improve practice, since he/she performs and improves procedures developed and assimilated in previous moments during the graduation⁽⁴⁾.

The nurse’s work is broad and involves multiple dimensions in a network of relationships and interactions in which the human being is inserted⁽¹³⁾. In this context, when experiencing the SCI, students need to establish different interpersonal relationships to develop their activities. Nevertheless, the relations that permeate this step will depend on several factors, including the scenario and the health team and, mainly, students’ insertion and adaptation in this environment. Thus, all those involved must be engaged collectively, sharing knowledge and experiences. In contrast, limitations in interpersonal relations present in the SCI can result in harm to the service/user and students’ education.

In the SCI experience, the opportunity to work among students is evidenced as an empowering factor for the learning process⁽¹⁴⁾. Participants mentioned the contact with students from other institutions as a positive factor during the SCI. These relationships build the productive environment of the professional reality, in which the student is immersed, without distinction and labels, resembling future relations with work colleagues.

Concerning the SCI, a study argues: “Since this subject requires the interaction of health and education institutions, the SCI is directly influenced by both parties, both negatively as positively”^(12:49). Regarding the student’s relationship with the professional team, with the supervising nurse and the advisor, the participants’ reports show that there were both positive as negative experiences. As mentioned by some participants, the “example of other professionals” reflects on students’ education. Therefore, by means of coexistence with the professionals involved in services, the student

acquires a critical and reflective view about the wannabe professional.

A study carried out on the perspective of students, graduates and faculty identified that the supervising nurse plays a fundamental role in the teaching-learning process during the SCI. It also noted that the professor's absence is a factor that hinders the relationship between students and graduates. In this way, it points to the need for articulation between the nurse (representative of the internship institution) and the professor (figure related to the teaching institution), in order to have resonance between these two professionals and to provide students a better learning⁽¹⁵⁾.

The team many times is not prepared to receive students in its routine services. No matter how hard students try to generate a good relationship, they are not seen very well and, many times, are labeled as "interns". Regarding relations with the users of services, who are often in situations of illness/vulnerability, they are not always positive or result in a good experience. Thus, even if those situations are frustrating, it is important to experience them during the graduation. They allow students the opportunity to reflect and to position themselves in relation to the behaviors that must be adopted in these situations.

Another study emphasizes: "Concerning the important integration between academia, health services and community, it is essential to discuss it constantly for professional education in various levels of attention."^(16:330) For the active participation of professors, services and students in the education process, the SCI must be driven by these subjects appropriately⁽¹⁷⁾. In this context, there stands out the importance of the supervising nurse, as well as the advisor, acting as intermediaries in such situations. The lack of interest, as well as the difficulties of relationship by the lack of openness, or divergence of thoughts are present in the relations between supervising nurse, advisor and students.

A study states that "The quality of education is related to the expansion of systemic interactions and associations and the ability to strengthen the dialog with the complex reality

in constant change"^(18:6). Therefore, there stands out the importance of the constant integration and commitment of all those involved in the implementation of the SCI - students, service managers, educational institutions. There are still many challenges to overcome, but only through the identification of weaknesses, the subjects involved can become involved in improving the process of implementation of the SCI.

A limitation of the present study is its development only on the perspective of students and graduates participating in the SCI, not contemplating all the subjects involved in the development of this step, such as supervising nurses, professors, advisors and managers. It is important to develop other studies covering all the subjects involved in the development of the SCI for deepening the knowledge.

Conclusion

The study allowed for identifying, in the perspective of students and graduates, potentialities and difficulties experienced during the development of the SCI. The potentialities included the fact that the SCI represents the period when students can develop skills and competencies, including the development of autonomy, decision-making and improvement of theoretical and practical knowledge. Thus, the presence of the professor and the nurse allows for their self-reflection about their professional profile, as well as self-correction. Among the difficulties evidenced, participants mentioned the theoretical-practical limitations, the high demand of course load of other subjects, which occur in the same semester of development of the SCI, as well as interpersonal relationships with service professionals and professors from the institution, during immersion in health services. Therefore, in times of new curricular guidelines, the identification of potentialities and weaknesses, not only about the SCI, but also about the educational process in its entirety, enables institutions to rethink and organize their political-pedagogical projects based on

qualifying education and, consequently, on the assistance provided by these future professionals.

Among the benefits of this study, there is the identification of possible potentialities and weaknesses that students experience during the SCI. This recognition should allow for (re)thinking strategies to fill possible gaps in graduation, as well as promoting the strengthening of the potentialities that permeate the SCI.

Collaborations:

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2 – writing of the article and relevant critical review of the intellectual content: Tierle Kosloski Ramos, Elisabeta Albertina Nietzsche, Cléton Salbego and Patrícia Porto Almeida;

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