

ACTIVE METHODOLOGY IN NURSING SUPERVISED INTERNSHIP: INNOVATION IN PRIMARY HEALTH CARE

METODOLOGIA ATIVA NO ESTÁGIO SUPERVISIONADO DE ENFERMAGEM: INOVAÇÃO NA ATENÇÃO PRIMÁRIA À SAÚDE

METODOLOGÍA ACTIVA EN LA PASANTÍA SUPERVISADA EN ENFERMERÍA: INNOVACIÓN EN LA ATENCIÓN PRIMARIA DE SALUD

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Objective: to report the experience of using an active methodology in the supervised internship in Primary Health Care. **Method:** this is an experience report on the use of an active methodology in the supervised internship, conducted between March and June 2019, based on assumptions of problem-based education of Paulo Freire. The pedagogical strategy used was the Problem-Based Methodology, supported by the Arch of Magueréz. **Results:** the Arch of Magueréz enabled deploying health education actions in the vaccination room of the health unit. This teaching-learning process allowed for an active behavior of the students involved, converged to the professor's facilitation and resulted in the effective implementation of planned strategies during the implementation of the Arch. **Conclusion:** the present report outlined a successful experience in the context of the teaching-learning process, in order to provide the students the main role, in line with the curricular guidelines that indicate ethical, reflective and transformative pedagogical practices.

Descriptors: Primary Health Care. Nursing. Problem-Based Learning.

Objetivo: relatar a experiência do uso de uma metodologia ativa no estágio supervisionado na Atenção Primária à Saúde. **Método:** trata-se de um relato de experiência sobre o uso de uma metodologia ativa no estágio supervisionado, realizado entre março e junho de 2019, baseado nos pressupostos da educação problematizadora de Paulo Freire. Como estratégia pedagógica utilizou-se a Metodologia da Problematização, apoiada no Arco de Magueréz. **Resultados:** o Arco de Magueréz possibilitou implantar ações de educação em saúde na sala de vacina da unidade de saúde. Este processo de ensino-aprendizagem viabilizou uma postura ativa das acadêmicas envolvidas, convergiu para o propósito de facilitação da professora e resultou na efetiva implementação das estratégias planejadas durante a execução do Arco. **Conclusão:** o presente relato expôs uma experiência exitosa no âmbito do ensino-aprendizagem.

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de forma a protagonizar o papel das acadêmicas, em consonância com as diretrizes curriculares que indicam prática pedagógica ética, reflexiva e transformadora.

Descritores: Atenção Primária à Saúde. Enfermagem. Aprendizagem Baseada em Problemas.

Objetivo: reportar la experiencia de utilización de una metodología activa en la pasantía supervisada en la Atención Primaria de Salud. Método: se trata de un relato de experiencia en el uso de una metodología activa en la pasantía supervisada, realizado entre marzo y junio de 2019, con base en supuestos de educación basada en problemas de Paulo Freire. Como estrategia pedagógica, se utilizó la Metodología Basada en Problemas, con base en el Arco de Maguerez. Resultados: el Arco de Maguerez permitió implementar acciones en educación para la salud en la sala de vacunación de la unidad de salud. Este proceso de enseñanza-aprendizaje posibilitó una postura activa de las estudiantes involucradas, convergió con el propósito de facilitación del profesor y se tradujo en la aplicación eficaz de estrategias planeadas durante la ejecución del Arco. Conclusión: el presente informe reporta una experiencia exitosa en el contexto del proceso de enseñanza-aprendizaje, con el fin de protagonizar el papel de las estudiantes, en línea con las directrices curriculares que indican las prácticas pedagógicas éticas, reflexivas y transformadoras.

Descriptores: Atención Primaria de Salud. Enfermería. Aprendizaje Basado en Problemas.

Introduction

The teaching-learning process is dynamic and is in constant transformation. Teaching in the era of ultra-fast communications and fake news demands innovative methods that admit an ethical, critical, reflective and transformative pedagogical practice⁽¹⁾. In this scenario, the active methodologies gain space and recognition.

The teaching-learning methodology commonly applied in courses in the health area refers to the traditional model⁽¹⁾, with the professor-learner transfer of knowledge, overvaluation of techniques and detachment from the social context⁽²⁾. Leaving the traditional training is a challenge in the teaching of health courses. The lack of infrastructure of health services and educational institutions can threaten the educational practice, making it discouraging⁽³⁾.

The curricular guidelines of health courses contemplate paradigmatic changes, when determining that universities should stimulate the link between teaching, research and assistance, which refers to the innovation and the quality of the political-pedagogical project⁽¹⁾. In nursing, students need to reflect on the care practice, commit themselves to the needs of the population and, through the reality problem-based process, seek to understand, explain and transform their practice⁽⁴⁾.

In this scenario, the active methodologies (AM) emerge to support the teaching-learning process, to provide moments that extend the reflection and the criticality of the studied object⁽¹⁾. In this context, the student is the active subject in his/her learning. Thus, the AM have a way to promote the relationship between teaching-research-assistance and potentiate the professionals' education with an attentive eye on the demands of society.

The AM have been used in some subjects of the Nursing course at the University of Brasilia (UnB), including supervised internships in Primary Health Care (PHC). They have favored the student's approach to real demands of the health team and the users.

The supervised internship includes a mandatory step in the education of the student and future nurse and can be performed at hospitals, specialized services, outpatient clinics and PHC⁽⁵⁾. In those scenarios, the student develops his/her professional role, by linking theory and practice. Furthermore, they promote local innovation, because the student approaches updated knowledge that positively affects actions and interventions implemented by him/her⁽⁶⁾.

Therefore, the objective of this article is to report the experience of using an AM in supervised internship in PHC.

Method

This is an experience report on the use of an AM in supervised internship. The participants were five students from the last term of the Nursing course at UnB, enrolled in the subject Supervised Internship in PHC. Among the objectives of that subject, there stands out producing and implementing an intervention in the scenario, based on needs identified in the service.

The actions were conducted between May and June 2019 in a Basic Health Unit (BHU) in Brasilia (DF), with coverage of 42 thousand users. At the time, the BHU was composed of four multidisciplinary teams of Family Health and dentistry. The teams, however, did not have community health agents (CHA), which restricts the actual calculation of the coverage area. The health care model in the DF is in transition, according to Decree n. 77, 2017⁽⁷⁾, of the State Health Department of the Federal District.

For the health education actions, the theoretical assumption based on the problem-based education of Paulo Freire, which states that the knowledge, teaching and learning must be seen as horizontal and multilateral instruments of knowledge transmission, and knowledge should be built by conditions and possibilities of dialog between individuals^(2,8). The pedagogical strategy adopted was the Problem-Based Methodology, supported by the Arch of Maguerez⁽⁹⁾.

The Arch of Maguerez is composed of five steps, namely:

a) reality observation: consists of observing certain reality, recording the weaknesses witnessed and electing the one that affects the local work process. The time for implementation, governability and articulation of the actors involved are actually variables to be considered at this stage;

b) key points: provides for the selection of elements that facilitate the understanding of the chosen problem;

c) theorization: based on the previous step, scientific references are consulted in order to consolidate the knowledge and provide

subsidies for the formulation of the problem-solving hypothesis;

d) solution hypotheses: choice of proposals applicable to reality, selecting those that produce significant impact in the analyzed context;

e) application to reality: feasible solutions are implemented to reality based on the action-reflection-action process.

Results

In the Supervised Internship subject, the students are mobilized to experience the BHU reality, problematize the care and managerial situations in the internship field and propose interventions that appreciate the professionals and users of health services. In this sense, the AM chosen sought to make the learning environment constructive, placing the student in the center of the process in the development of innovative actions, backed up by the steps of the Arch of Maguerez, as described below:

First step – Reality observation

The reality observation occurred in March 2019, and the students were instructed to observe the BHU working process. Several weaknesses were listed, and the main ones were: absence of a CHA, with consequent absence of area coverage; external actions of the unit, such as home visit; disorganization of emergency cart (lack of medications, checking and sealing); lack of training/management in the reception of users; difficulty in the management of material resources; and lack of health education actions regarding immunization (recommendations, age group, illness prevented) and the ambience in the vaccination room, considering the child population.

The selection of a fragility considered the governability of the students and the time for implementing the intervention. Therefore, the actions were performed in the vaccination room, with the active participation of health professionals and the BHU manager. This choice was also influenced by the national context of

low vaccination coverage. One of the factors is the strengthening of the anti-vaccination movement, reflected in measles cases recorded, which stresses the importance of communication and bond of the population with the actions of vaccination⁽¹⁰⁾.

In this way, after the characterization of the vaccination room, the students, supported by the theoretical framework, explored possibilities of intervention, in order to minimize the weaknesses identified. In this aspect, possible health education actions were prospected.

That said, the concept of health education was the one from the Ministry of Health, which asserts that is the “[...] set of practices in the sector that contributes to increasing the autonomy of people in their care and in discussion with professionals and managers in order to achieve a health care according to their needs”^(11:19-20).

Key points and theorization

With a view to articulate the results of the second and third stages of the Arch of Maguerez, Chart 1 presents a summary of the records produced by the nursing students.

Chart 1 – Key points and theorization based on the identification of the lack of health education actions regarding immunization and ambience in the vaccination room

Key points	Theorization	
	References	Content
Who is the professional responsible for health education?	Barreto ACO, Rebouças CBA, Aguiar MIF, Barbosa RB, Rocha SR, Cordeiro LM, et al ⁽¹²⁾	The authors point out that Health Education is an assignment of the PHC multiprofessional team, but highlight the nurse as an important educator, even indirectly, by the attribution of the BHU management.
How to facilitate the access of users to information in the PHC?	Freire P ⁽²⁾	The production of knowledge is possible by the relationship between the student and the environment in which he/she is inserted. Historical-social issues are considered and new ways of knowing and interpreting the world are provided by the support of a facilitator.
	Brazil ⁽¹³⁾	It provides for health education actions aimed at the population of the team's territory, using participatory and emancipatory methodologies.
	Duarte DC, Oliveira VC, Guimarães EAA, Viegas SMF ⁽¹⁴⁾	They point out users' senses and feelings regarding vaccination; indicate the need to reinforce effective communication between those and health services to expand vaccination coverage.
Why to immunize?	Brazil ⁽¹⁵⁾	Vaccines stimulate the immune system to develop protection for the person against communicable diseases, in a safe way. It is an important public health strategy, given the magnitude of their effects on the health-disease process.
How is the vaccination schedule of the FD regarding the year 2019?	Federal District ⁽¹⁶⁾	It presents the schedule by age group, with observations regarding the particularities of each vaccine, if necessary.
How to promote the BHU ambience?	Brazil ⁽¹⁵⁾	It provides humanized and welcoming physical spaces, according to users' needs.

Source: Created by the authors.

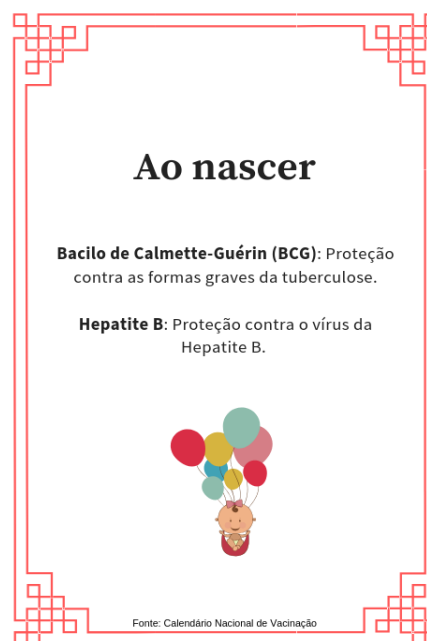
Solution Hypotheses and Reality Applicability

As the outcome of the previous steps, the students, professor and health team proposed the construction of the “Vaccination Tree” - as the solution to the lack of information on vaccines; and the “Immunization Garden” - as a solution

to the shortage of strategies for the ambience of the vaccination room.

The prototype consisted of a tree whose fruits are charts that show the vaccine recommended for each age group. Twelve charts were elaborated, with ludic elements and information on: age indication, name of the immunobiological, indication of protection, illustrative image of the age group and official source (Figure 1).

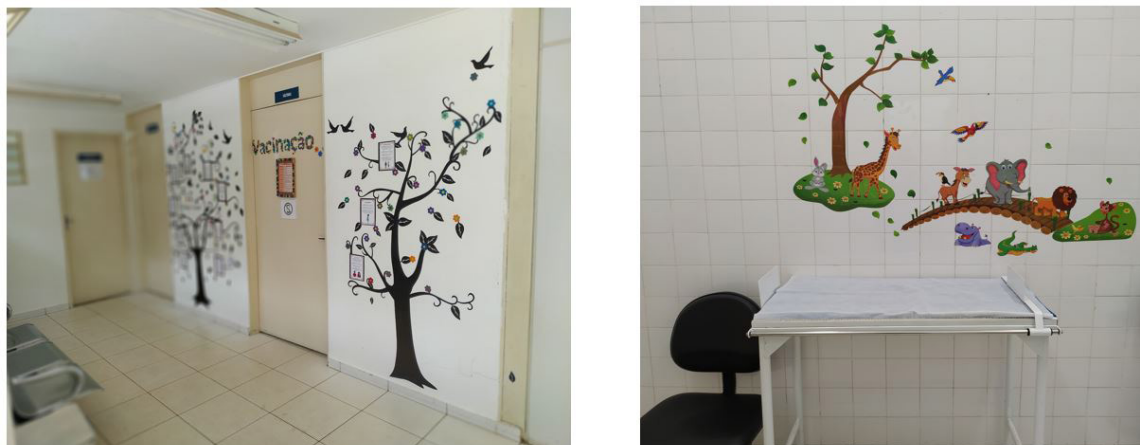
Figure 1 – Model of the informative chart on the vaccines recommended at birth and the prevented diseases



Source: Created by the authors.

For the sequential and informative presentation of the charts, two trees were built; the first reflected the infant immunization schedule; the second represented the exceptions, such as pregnant women, adults and the elderly. For the ambience, the lids of bottles of

immunobiologicals were used to elaborate the identification of vaccine. In the “Vaccination Garden”, self-adhesive images were applied, acquired by the students and the professor, aiming to reframe the environment (Figure 2).

Figure 2 – Vaccination Tree and Immunization Garden

Source: Personal files.

After the implementation, users praised the initiative and commented on the tree with health professionals, in addition to being seen observing the tree and checking their own vaccination card. The process of construction and application to the reality of the planned strategies enabled a significant interaction between professionals, managers, users of the service and students.

At the end of the graduate course, the nursing student went through moments of theoretical and practical learning, traveled the steps of observation, description of scenarios, demonstration, and, after joining the supervised internship, responded to the stimuli of the practical scenario with the implementation of tasks that might compose, as usual, their praxis.

The supervised internship provides the integration between academia and professional field, approaching the students to real situations and favoring the effective mobilization of knowledge, skills and attitudes learned during the education cycle. Its goal is to enable the student to articulate theory and practice, through strategies that enhance communication skills, flexibility and decision making⁽¹⁷⁻¹⁸⁾.

The use of the AM in the supervised internship enhances the student's autonomy and favors the improvement of competences. In the experience reported, the Arch of Maguerez and its steps were fully performed and allowed creating innovative and creative interventions,

considering the context, professionals and users of health services.

The literature indicates that, among the AM applied in supervised internship, the Problem-Based Methodology and the Arch are references, because they aim to resolve feasible issues, with resignification of knowledge backed by the problem-based pedagogy of Paulo Freire⁽¹⁸⁾.

In relation to the Arch, its first version was described by Maguerez himself, but is based on the writings of Bordenave and Pereira, which envision the dissemination of its potential use in teaching. In the tests produced by the authors, the concrete observation, followed by study, theoretical reflection and return to reality with possibilities of intervention, considering the involvement of all actors (producers and consumers of the intervention), point to actions that generate signification, and transformation of realities⁽¹⁹⁾.

Such potentials have been the research object in health education, whether in the PHC, or in contexts of greater complexity. In this aspect, in a study that used the Problem-Based Methodology in the theoretical-practical subject in the PHC, the authors identified that the strategy had met the educational goals and allowed constructing competences necessary for the nurse's work in the Unified Health System⁽²⁰⁾.

Thus, the aforementioned methodology, supported by the Arch of Maguerez, also has

helped nursing students during the supervised internship in PHC, in the development of clinical reasoning and in the implementation of the nursing process, which demonstrate its multifaceted character and applicability in clinical, managerial and organizational situations⁽¹⁹⁾.

In this context, it is also important to reflect on the role of the professor who, when using emancipatory didactic-pedagogical strategies, needs constant qualification of their pedagogical practice and base it on theoretical and epistemological frameworks. The theoretical direction favors the professor's action, who sometimes plays, empirically, strategies experienced in his/her education⁽²¹⁾. Therefore, the AM to be applied must meet pre-defined learning objectives, converging toward the goal of supervised internship, in order to enable the student the attribution of meaning to the activities performed by him/her.

In this area, one must also consider the importance of the student's active behavior, having in view that the AM aims to place him/her as the main actor. In the experience reported, the students' engagement converged for professor's facilitation and resulted in the effective implementation of the strategies defined while implementing the Arch. These, in addition to responding to a need in the practical field, met the current demands of the Ministry of Health, particularly with regard to vaccination. There is need for actions to intensify and broaden access to information of the population concerning the vaccines, update of the vaccination schedule and relevance of immunization as a device to prevent diseases⁽²²⁾.

A limitation of the action performed is the impossibility to evaluate the reaction of managers and users of the BHU in relation to new information available and the adjustments made in the vaccination room, due to the temporal clipping of the supervised internship.

Conclusion

This article reported a successful experience in the context of the teaching-learning process

in supervised internship, supported by the AM, aiming to highlight nursing students' important role. This experience was relevant, since it met the desired competencies for the future health professional and was in line with the national curricular guidelines for health graduate courses.

Collaborations:

1 – conception, design, analysis and interpretation of data: Gabriela de Alencar Veiga, Mayssa da Conceição Araújo, Fernanda Leticia Frates Cauduro and Juliane Andrade;

2 – writing of the article and relevant critical review of the intellectual content: Gabriela de Alencar Veiga, Mayssa da Conceição Araújo, Fernanda Leticia Frates Cauduro and Juliane Andrade;

3 – final approval of the version to be published: Fernanda Leticia Frates Cauduro and Juliane Andrade.

References

1. Colares KTP, Oliveira W. Metodologias Ativas na formação profissional em saúde: uma revisão. *Rev SUSTINERE*. 2018 jul-dez;6(2):300-20. DOI: <http://dx.doi.org/10.12957/sustinere.2018.36910>
2. Freire P. *Pedagogia da Autonomia: saberes necessários à prática educativa*. São Paulo: Paz e Terra; 1996.
3. Sobral FR, Campos CJG. Utilização de metodologia ativa no ensino e assistência de enfermagem na produção nacional: revisão integrativa. *Rev Esc Enferm USP* [online]. 2012;46(1):208-18. DOI: <https://doi.org/10.1590/S0080-62342012000100028>
4. Villardi ML, Cyrino EG, Berbel NAN. A metodologia da problematização no ensino em saúde: suas etapas e possibilidades. In: Villardi ML, Cyrino EG, Berbel NAN. *A problematização em educação em saúde: percepções dos professores tutores e alunos* [Internet]. São Paulo: EdUNESP; Cultura Acadêmica; 2015. p. 45-52. [cited 2019 Dec 10]. Available from: <http://books.scielo.org/id/dgjm/pdf/villardi-9788579836626-05.pdf>
5. Brasil. Ministério da Educação. Conselho Nacional de Educação. Câmara de Educação Superior. Resolução CNE/CES n. 3, de 7 de novembro de 2001. Institui Diretrizes Curriculares Nacionais do

- Curso de Graduação em Enfermagem [Internet]. Brasília (DF); 2001 [cited 2019 Dec 10]. Available from: <http://portal.mec.gov.br/cne/arquivos/pdf/CES03.pdf>
6. Benito GAV, Tristão KM, Paula ACSF, Santos MA, Ataíde IJ, Lima RCD. Desenvolvimento de competências gerais durante o estágio supervisionado. *Rev Bras Enferm.* 2012 Jan-Feb;65(1):172-8. DOI: <https://doi.org/10.1590/S0034-71672012000100025>
 7. Distrito Federal. Secretaria do Estado de Saúde do Distrito Federal. Portaria n. 77, de 14 de fevereiro de 2017. Estabelece a Política de Atenção Primária à Saúde do Distrito Federal [Internet]. Brasília (DF); 2017 [cited 2019 Dec 10]. Available from: http://www.saude.df.gov.br/wp-conteudo/uploads/2018/04/Portaria-SES_DF-n%C2%BA-77-2017-Estabelece-a-Pol%C3%ADtica-de-Aten%C3%A7%C3%A3o-Prim%C3%A1ria-%C3%A0-Sa%C3%BAde-do-Distrito-Federal.pdf
 8. Pitano SC. A educação problematizadora de Paulo Freire, uma pedagogia do sujeito social. *Inter-Ação.* 2017;42(1):87-104. DOI: <http://dx.doi.org/10.5216/ia.v42i1.43774>
 9. Berbel NAN. A utilização da Metodologia da Problematização com o Arco de Maguerez no Cuidar em Saúde. In: França FCV, Melo MC, Monteiro SNC, Guilhem D, organizadores. O processo de ensino aprendizagem de profissionais de saúde: a metodologia da problematização por meio do Arco de Maguerez. Brasília (DF): Universidade de Brasília; 2016. p. 102-19.
 10. Sato APS. Qual a importância da hesitação vacinal na queda das coberturas vacinais no Brasil? *Rev Saude Publica* [online]. 2018;52:96. DOI: <https://doi.org/10.11606/s1518-8787.2018052001199>
 11. Brasil. Ministério da Saúde. Secretaria-Executiva. Secretaria de Gestão do Trabalho e da Educação na Saúde. Glossário temático: gestão do trabalho e da educação na saúde [Internet]. 2a ed. Brasília (DF); 2012 (Série A. Normas e Manuais Técnicos) [cited 2019 Dec 10]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/glossario_tematico_gestao_trabalho_educacao_saude_2ed.pdf
 12. Barreto ACO, Rebouças CBA, Aguiar MIF, Barbosa RB, Rocha SR, Cordeiro LM, et al. Percepção da equipe multiprofissional da Atenção Primária sobre educação em saúde. *Rev Bras Enferm.* 2019;72(Suppl 1):278-85. DOI: <https://doi.org/10.1590/0034-7167-2017-0702>
 13. Brasil. Ministério da Saúde. Portaria nº 2.436, de 21 de setembro de 2017. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS) [Internet]. Brasília; 2017 [cited 2019 Dec 11]. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/prt2436_22_09_2017.html
 14. Duarte DC, Oliveira VC, Guimarães EAA, Viegas SMF. Acesso à vacinação na Atenção Primária na voz do usuário: sentidos e sentimentos frente ao atendimento. *Esc Anna Nery.* 2019;23(1):e20180250. DOI: <https://doi.org/10.1590/2177-9465-ean-2018-0250>
 15. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de Vigilância Epidemiológica. Programa Nacional de Imunizações (PNI): 40 anos [Internet]. Brasília (DF); 2013 [cited 2019 Dec 11]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/programa_nacional_imunizacoes_pni40.pdf
 16. Distrito Federal. Instrução Normativa. Calendário Nacional de Vacinação do Distrito Federal [Internet]. Brasília (DF); 2019 [cited 2019 Dec 11]. Available from: <http://www.saude.df.gov.br/wp-conteudo/uploads/2018/03/Instru%C3%A7%C3%A3o-Normativa-2019.pdf>
 17. Marran AL, Lima PG, Bagnato MHS. As políticas educacionais e o estágio curricular supervisionado no curso de graduação em enfermagem. *Trab Educ Saúde.* 2015 jan/abr;13(1):89-108. DOI: <https://doi.org/10.1590/1981-7746-sip00025>
 18. Esteves LSF, Cunha ICKO, Bohomol E, Negri EC. O estágio curricular supervisionado na graduação em enfermagem: revisão integrativa. *Rev Bras Enferm.* 2018;71(suppl 4):1842-53. DOI: <https://doi.org/10.1590/0034-7167-2017-0340>
 19. França FCV, Melo MC, Monteiro SNZ, Guilhem D. O processo de ensino aprendizagem de profissionais de saúde: a metodologia da problematização por meio do arco de maguerez. Brasília: Universidade de Brasília; Faculdade de Ciências da Saúde; 2016.
 20. Clapis MJ, Marques EA, Corrêa AK, Souza MCBM, Borba KP. Problematization methodology in primary healthcare teaching. *Rev Bras Enferm.* 2018;71(Suppl 4):1671-7. DOI: <https://doi.org/10.1590/0034-7167-2017-0157>

21. Araújo VABT, Gebran RA, Barros HF. Formação e práticas de docentes de um curso de graduação em enfermagem. *Acta Scientiarum. Education*. 2016;38(1):69-79. DOI: 10.4025/actascieduc.v38i1.23180
22. Conselho Nacional de Secretarias Municipais de Saúde. Dez passos para ampliar cobertura vacinal

[Internet]. Brasília (DF); 2019 out 8 [cited 2019 Dec 11]. Available from: <https://www.conasems.org.br/dez-passos-para-ampliar-cobertura-vacinal/>

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