



PROBLEM BASED LEARNING: PERCEPTION OF NURSING GRADUATES

Rodrigo Guimarães dos Santos Almeida*

Nathália Miranda Coene**

Andreza Gabrielly dos Santos Soldara***

Letícia Zaleski Braga****

Arminda Rezende de Pádua Del Corona*****

ABSTRACT

Objective: comprehending how nursing graduates perceive the contribution of the Problem Based Learning (PBL) methodology in the development of their academic training. **Method:** this is an exploratory descriptive study with a qualitative approach, conducted through semi-structured interview guided by the guiding question: How was the use of the Problem Based Learning method in your professional training? The interviews were recorded and subsequently submitted to Bardin's Content Analysis. **Results and Discussion:** from the participants' speech, 22 units of significance emerged, which gave rise to seven subcategories, constituents of the three analysis categories: different curriculum structure, advantages for vocational training and obstacles to the implementation of PBL. It provided adequate training, coherent as the Pedagogical Project of the proposed course for professional training, by promoting the development of initiative-taking, critical and reflective attitudes according to the curricular guidelines. The difficulties and challenges refer to the lack of understanding of the pedagogical aspects of the method and the difficulty in organizing the students. **Final thoughts:** the PBL was recognized as a differential in the teaching-learning process, especially by stimulating learning to learn, which reinforces the importance of keeping the student at the center of the educational process. However, like all pedagogical innovations, the implementation of PBL presented challenges, related to the need for continuous adjustments in the curriculum model.

Keywords: Problem-based learning. Nursing education. Curriculum. Teaching.

INTRODUCTION

Nursing education has undergone several stages of development over the years, being mostly influenced by the transformations of the political-economic-social outline in Brazil and around the world⁽¹⁾.

Several historical moments favored this process of change and evolution of nursing education: the creation of the National Department of Public Health (DNSP), in 1920; the creation of the Brazilian Nursing Association (ABEN), in 1926; the definition of the first regulation of nursing education, in 1949; the promulgation of the Law on Guidelines and Bases of National Education, in 1961; the recognition of nursing as a course of higher education, in 1962 in 1986; the promulgation of the Brazilian Constitution of 1988; the creation

of the Brazilian Unified Health System (SUS) at the end of the 1980s; the establishment of 3,500 hours and the minimum curriculum for nursing courses (Portal MEC N. 1.721), in 1994; and the publication of the New Law on Guidelines and Bases for National Education, in 1996⁽¹⁻⁵⁾.

Currently, the training of professional nurses is regulated by CNE/CES Resolution N. 3/2001, which contains the current National Curriculum Guidelines (DCNs) for undergraduate nursing courses, complemented by Technical Opinion N. 28/2018.

According to the DCNs, it is expected that the graduate of the undergraduate course in nursing has a generalist professional profile, humanist, critical and reflective, capable of exercising the nursing functions with scientific and intellectual rigor, based on ethical-legal principles and bioethics. He must also be able to

*Nurse. PhD in Science. Federal University of Mato Grosso do Sul. Campo Grande, Mato Grosso do Sul, Brazil. E-mail: rgclaretiano@gmail.com. ORCID ID: <https://orcid.org/0000-0002-4984-3928>

**Nurse. City hall of Rio Verde de Mato Grosso. Rio Verde, Mato Grosso do Sul, Brazil. E-mail: nathaliacoene@hotmail.com. ORCID ID: <https://orcid.org/0000-0002-0355-4653>.

***Nurse. Master in Nursing. University of Mato Grosso do Sul. Federal University of Mato Grosso do Sul. Campo Grande, Mato Grosso do Sul, Brazil. E-mail: andrezasoldara@hotmail.com. ORCID ID: <https://orcid.org/0000-0001-9000-5179>.

****Nursing graduate. Federal University of Mato Grosso do Sul. Campo Grande, Mato Grosso do Sul, Brazil. E-mail: leticia.zaleski@ufms.br. ORCID ID: <https://orcid.org/0000-0001-6359-8036>.

*****Nurse. PhD in Science. Federal University of Mato Grosso do Sul. Campo Grande, Mato Grosso do Sul, Brazil. E-mail: armindadelcorona.arp@gmail.com. ORCID ID: <https://orcid.org/0000-0001-6359-8036>.

exercise the profession at different levels of health care and nursing care, with a sense of social responsibility and commitment to citizenship, to promote integral health to the human being, recognizing and intervening on the problems/situations of health-disease prevalent in the epidemiological profile and sociodemographic national and regional, considering the biopsychosocial determinants⁽⁶⁻⁷⁾.

Several educational institutions have discussed fundamental curricular changes to adapt to this new profile of the student and professional training that meets the needs of the population and the health system in line with the current DCNs of the undergraduate course in nursing. Among these curricular changes, the transition from the traditional teaching model, centered on the teacher, hospitalocentric, to an innovative model based on the use of active teaching-learning methodologies, such as Problem-Based Learning (or, from English, Problem Based Learning – PBL)^(1,7).

Although used as a synonym for active teaching methodology, PBL is a teaching-learning method developed by McMaster University in Canada in the 1960s, which has as its pedagogical philosophy the student-centered learning. Thus, it is made up of tutorial groups in which fictitious or real problem situations are applied, elaborated by the teachers/ tutors and aligned to the content of each module, following seven steps: 1) reading the problem and identification/clarification of unknown terms; 2) identification of problems proposed by statements; 3) formulation of explanatory hypotheses for the identified problems; 4) summary of the hypotheses; 5) formulation of learning objectives; 6) individual study; and 7) return to the tutorial group for rediscussing of the problems in the face of knowledge acquired in the individual study⁽⁷⁾.

In this context, in 2009, the undergraduate course in nursing at the Integrated Health Institute (INISA) of the Federal University of Mato Grosso do Sul (UFMS), which since 1990 followed the traditional model of education, reformulated its curriculum and developed the first Course Pedagogical Project (CPP) with financial support from the National Program for Reorientation of Professional Training in Health

-Pro-Health, of the Ministry of Health. This support was decisive to implement the integrated curriculum organized in teaching modules, consisting of the various areas of knowledge proposed by the DCNs, with a view to strengthening interdisciplinarity⁽⁹⁾.

The design of the integrated curriculum was highlighted by a pedagogical orientation guided by active teaching-learning methodologies, based on inclusive education and student-centered, with a balance between knowledge, skills and attitudes, enabling the acquisition of skills for professional practice⁽¹⁰⁾.

It is worth mentioning that these changes in methodology required adjustments both in the conception of education and in physical structure, facilities, equipment, administrative structure, as well as greater articulation between the university and health services, for the insertion of students in field practices from the first year of the course⁽⁹⁾. The integrated curriculum was evaluated after the completion of the first class of PBL, and it could be inferred that changes are gradual processes that require time⁽¹⁰⁾.

Thus, the question that guided this research was: What is the perception of graduates of the undergraduate course in nursing about the use of PBL methodology in their training? Thus, the objective of this study was to understand how nursing graduates perceive the contribution of PBL methodology in the development of their academic training.

METHOD

This is a qualitative, descriptive, exploratory study that followed the recommendations of the consolidated criteria for qualitative research reports (COREQ).

In 2009, the undergraduate course in nursing at the Integrated Health Institute (INISA) of the Federal University of Mato Grosso do Sul (UFMS) underwent a curricular redesign after almost two decades following the traditional teaching model adopted since 1990. With financial support from the National Program for Reorientation of Professional Training in Health – Pro-Health, of the Ministry of Health, the first Pedagogical Project of the Course was elaborated. This support was of paramount

importance for the implementation of an integrated curriculum, organized in teaching modules, covering several areas of knowledge provided in the DCNs, with the objective of strengthening interdisciplinarity.

To contact the research subjects, first, the academic secretariat was requested a list with information regarding phone, e-mail and full name of all graduates from the course from 2012 to 2018. In 2019, there was a curricular restructuring when the PBL ceased to be adopted in the pedagogical project. It is worth mentioning that the integrated curriculum was built and idealized by the nursing curriculum commission and implemented in 2009 for the serial teaching regime. However, in 2010, UFMS changed the teaching regime to a semester, resulting in a reduction in the workload, which required content compression in just one semester.

There were 204 contacts available. Of these, only 54 met the inclusion criteria, which was: class graduates with PBL curriculum. Of 54 contacted by telephone, 26 mentioned not being available to participate or chose not to collaborate with the study and 28 agreed to participate. These (28) were invited to participate in the interview in a random and gradual manner, considering the criterion of interruption of collection from the saturation of data. Before the interviews, no previous contact was established, besides the invitation to participate in the study.

Two interviews were previously conducted to validate the script (internal validation), seeking to meet the objective of the interview and adjust the questions to avoid personal interpretations, doubts and/or variety of answers, which could compromise the rigor of the method, the data acquisition and, subsequently, the theoretical saturation range.

To determine the extent of theoretical saturation in primary sources, six procedural steps were followed: 1) Record raw data; 2) "Immerge" in each record; 3) Compile individual analyses (of each researcher, for each interview); 4) Gather the topics or types of statements for each pre-category or new category; 5) Code or nominate the data; and 6) Allocate (in a table) the topics and types of statements⁽¹¹⁾.

The sample was completed with 18 participants, representing the seven classes formed in the period. Data collection was performed between the months of September and October 2021, through a semi-structured interview, individual, audio-recorded, conducted by a single researcher, a nursing graduate, previously and properly calibrated during a pilot test. All interviews were conducted at home, in a restricted location, with the presence of only the participant and the interviewer and had an average duration of 40 minutes.

The script was divided into two parts. The first, to characterize the subject, concerns the sociodemographic data: sex, age, marital status, birthplace, address, complementary training, professional performance and years of entry and exit from the course. The second part was guided by the following guiding question: How was the use of the PBL method in your professional training? Support questions were used as support to the research object. No interview was repeated or re-recorded.

After transcription and thorough reading in full, the interviews were presented to participants for analysis of agreement. Subsequently, they were classified based on the emerging units of significance, using the colorimetric method, in which the expressions that repeated were grouped in the same classifications. The interview cuttings will be presented in the results, with the identification of the interviewed graduates by numbers from (E1) to (E18).

The data analysis followed the Content Analysis proposed by Bardin⁽¹²⁾. This methodology can be defined as a set of techniques for analyzing communications, carried out in a systematic way to obtain indicators that allow the inference of discourses. Content Analysis comprises three fundamental phases: pre-analysis, exploration of the material and treatment of the results - inferences and interpretations. In the pre-analysis, a floating and individual reading of the interviews was carried out, followed by the exploration of the material with the meticulous and exhaustive reading of the printed content. After, the messages were coded by cutting out the text, extracting the explicit messages or the non-obvious meanings. Thus, the sense nuclei were seized, which were

grouped according to their similarities, emerging three thematic categories. The entire analysis process was carried out by two researchers, with a third being consulted when there was a need for consensus on the interpretation of the narrative to define the categories.

The study was approved by the institution's Research Ethics Committee (CAAE: 89594918.5.0000.0021). All participants formalized their acceptance by signing the Informed Consent Form (ICF), in two copies (researcher and participant) for approval of the Ethics Committee.

RESULTS AND DISCUSSION

From the 18 participants, the predominance was female (N=13), and the average age of 26.2 years. Regarding the time of graduation, most of them had already more than six years of graduation and only three were from the last class graduated by the curriculum in 2018. Regarding the complementary training, seven participants went through the residency; 11 had at least one graduate/specialization; five were masters and three master's degree students; one was a doctoral student; and one was studying another degree. From the participants' speech, 22 units of significance emerged, which gave rise to the seven subcategories, which are part of the three categories of analysis, as observed in Figure 1:

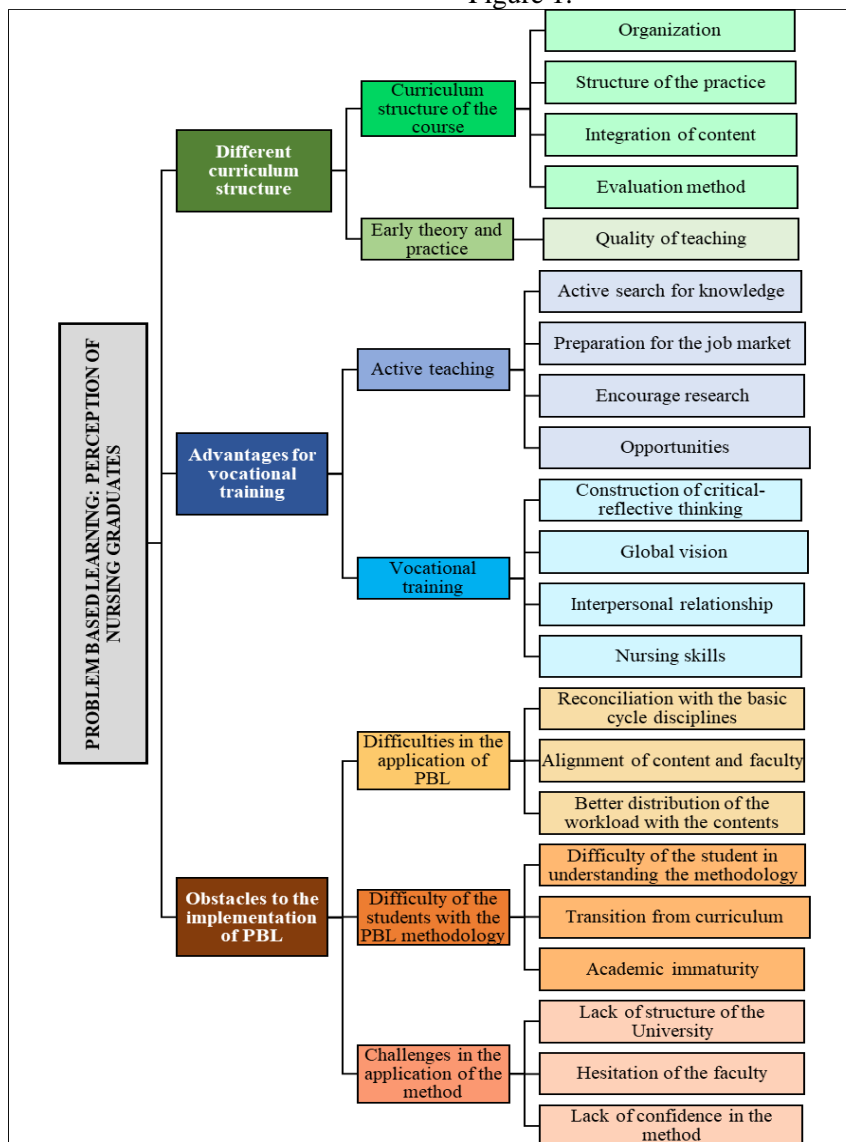


Figure 1. Categories of analysis, subcategories and units of meaning.

Different curricular structure: "It was by modules... I had no anatomy or physiology..."

When asked about the curriculum structure in which the course was inserted, respondents highlighted the organization in thematic modules, which included content from various areas of knowledge in an integrated way, through tutorial groups and conferences.

What I noticed most was different from the course, they divided it into modules [...]. There was no anatomy subject, physiology material, pharmacology material, histology material; it was by modules. So we studied everything about the child, then everything about the woman, everything about the adult, everything about the teenager. (E6)

[...] PBL was through tutoring. The organization was done with opening and closing, where we used the problems that the teachers and tutors passed on to us, and the subjects of the module were always related[...]. (E7)

In the analysis of the interviews, a positive view was found on the methodological structure in question, since this integrality allows the student to give more meaning to what he is studying, by articulating theory and practice, teaching and service, making the learning more meaningful and closer to reality⁽¹¹⁾.

The structure [...] made it possible [...]association of what we see in theory with practice [...]; It is precisely this link between what I am seeing from nursing, what is specific to nursing, and what I am seeing from the basics, and integrating all of this; for example, the tutorials, that the problem-situations we had ended up matching these items. (E11)

[...] Integrating the disciplines as well, it was another positive point, because we really learn what we are doing in the fields [...]. (E7)

Studies claim that the PBL aims to develop cognitive skills for the integration of knowledge related to different academic disciplines and decision-making in the face of problems elaborated, resembling the real problems that will be faced in professional practice⁽¹³⁾. Thus, interdisciplinarity in PBL contributes to a change: from the fragmentation of teaching, it is passed to a broader and more integral view of knowledge. The formative evaluation was also another aspect observed in the testimonies.

[...] you have an interpersonal assessment of your

growth, development and your relationships. [...] we are never evaluated in this way [...]. Before, you were evaluated simply by your academic performance, which we know is not always real, it is momentary. (E11)

[...]Sometimes, everything was the same weight, question, like this, portfolio, tutorial group, and then the test [...]. So, like, the person sometimes got a 0 in a test, but passed the module, because it was with 10 in the portfolio, 10 in the tutorial group, let's say. (E3)

In the PBL, the evaluation method, marked using tests, tests and other instruments for measuring the memorization of contents, is now carried out through a formative assessment, based on competencies, This makes the evaluation process an instrument to improve teaching strategies and student development⁽¹⁴⁾.

The formative evaluation in PBL considers three distinct perspectives, usually with different weights, but related to each other: self-assessment, in which the student evaluates his own performance in activities; peer evaluation, that is, the evaluation of the colleagues of the working group in the dynamics tutorial; and evaluation of the teacher, which analyzes the practices of cooperation, communication, teamwork, conviviality, besides the competence of each individual and the group to observe, to reflect, respond, manage and solve the problems presented⁽¹⁵⁾.

Advantages for professional training: "autonomy, the search for knowledge, proactivity... All of this is unquestionable"

The active methodologies, especially the PBL, had a positive effect on the perception of graduates, being considered a differential in the teaching-learning process, for favoring, among other skills, learning to learn once the student becomes a protagonist of his own teaching-learning process.

[...] College can't prepare you for every situation. It can prepare you to know how to act according to situations. I think that PBL does this a lot, especially in the tutorial group, because we find the problems, and then, how are you used to the practice of searching, studying, elaborating interventions, or even the learning objectives that you need to know to be able to act on that there. (E4)

[...] he taught me to [...] seek my own knowledge, not wait for it to come through a teacher, through someone who would teach a class, and I would absorb it [...]. (E10)

Positive points, the freedom to seek knowledge, it was not that plastered thing [...]. (E14)

The freedom that active methodologies provide to students allows the development of autonomy and the formation of creative, reflective and independent professionals⁽¹⁶⁻¹⁷⁾. The PBL methodology, in particular, is an important strategy used in current vocational training, because it promotes self-learning of the student, through the active search for their own knowledge, making it a more autonomous and responsible professional - indispensable professional characteristics, since the knowledge is constantly advancing, and clinical cases are increasingly complex. This type of active methodology enables improvement of motivation for learning, searching attitude, ability to work in a team and problem solving⁽¹⁶⁾.

[...] the professional is never outdated, he always takes a course, he always does research, does postgraduate studies, always reads a different article [...]. (E8)

[...] it helped me a lot to be initiative-taking [...]; I think that a large part of this was because of the type of graduation itself, PBL, that we had to be initiative-taking in tutoring, [...] during the course activities. (E1)

[...] I see that it was something incredibly good that PBL gave me, even for this issue of communication, of resourcefulness, of knowing how to talk to people, of knowing how to criticize, of knowing that you are my colleague, you are my friend, but you must improve, just like me [...]. (E18)

The training of critical and reflective professionals was also highlighted by the graduates in their reports, involving both personal and professional aspects, aiming at improving their practices.

So, I think PBL taught me to be a more critical nurse [...]. And I also learned to question what I saw, what I heard from other people, from other professionals, to have my own opinion on that subject, to have new references on that subject [...]. (E10)

[...] I, through PBL, believe that I have acquired a holistic view. So, when you have this, you don't look at a wound, you look at a person who has a history, a family, who for some reason got sick, and this

disease might cause a wound [...]. (E16)

Ah, I think that's it, of being able to see the patient as a whole [...] not only with that condition of his at that moment. (E5)

The development of critical-reflective thinking with a biopsychosocial approach is an aspect expected in PBL⁽¹⁶⁾ and is stimulated through activities involving analysis, interpretation, evaluation, inference, explanation and self-regulation⁽¹⁷⁾. This contributes to the training of professionals with knowledge, reasoning, criticism, reflection, responsibility and sensitivity, being able to intervene in different contexts and complexities⁽¹⁸⁾. These skills form a professional with a high level of surveillance and clinical judgment, and, combined with creativity, allow us to explore different strategies for the resolution of problem situations, aiming at a quality nursing service⁽⁹⁾.

Another advantage mentioned in the interviews was working in small groups as an important factor for the development of interpersonal relationships and, consequently, personal and professional growth.

[...] this interaction allows for a lot of personal growth, from accepting criticism to knowing how to make criticism. So, then interpersonal interaction helps. [...] we must know how to deal with those people we don't have much affinity with; and I think that PBL, in the rotation that we had among the students, to change, this facilitates the growth process. (E11)

[...] I was a very shy person, I learned to speak, I learned to deal with other people, to manage conflicts. [...] I learned how to deal with people in PBL. (E13)

The integration through group discussions that take place during tutoring sessions, which are moments when a group of students discuss a certain topic from a clinical case under the guidance of a teacher (tutor), favors collaborative learning, promotes the interdependence and development of critical thinking, verbal and non-verbal communication skills⁽¹⁹⁾. These small group discussions provide the student with a gradual development of communication and interpersonal relationships, fostering managerial skills such as leadership, communication, conflict resolution and ability to expose opinions and defend them⁽²⁰⁾.

Another issue addressed in the reports referred

to the preparation of the egress for the labor market. It was considered that the ability to learn contributes to the construction of autonomous knowledge throughout their career, making graduates more prepared for the exercise of their profession and providing more opportunities in the labor market.

[...] if you look at technical and scientific knowledge [...], it [PBL] trains better professionals, [...] professionals who can deal with conflicts, with problem-situations [...]. So, it gives you a very great skill. It allows the professional to be more coherent with reality. (E8)

[...] PBL made it easier for me to propose something, to discuss something with the team. So I always tried to identify what the possible causes of the problems would be, I tried to research about it and produced a baggage, you know, of content, to be able to discuss. I felt much more prepared, because you have the tools to know where to search, how to search. (E15)

The learning to learn process is an important factor in the development of autonomy and self-regulation of learning, preparing students for professional practice, since this needs constant updating and problem solving⁽²¹⁾.

First, more than half of the class left the undergraduate course already being approved either for a master's degree or a public exam here in the state or outside it. Many friends went to residences abroad, I passed by a residence here [...]. (E7)

Talking to colleagues, we see the difference as it is, we see results in competitions, we see results in selection processes, residencies, not only here in Campo Grande, but in the country [...]. (E11)

In the perception of graduates, the PBL methodology enables the development of professional skills with more autonomy, critical and reflective capacity and preparation for the labor market since its premises are based on stimulating the student to seek knowledge to know how to face everyday situations.

Obstacles to the implementation of PBL: "...because there was a lot that was still being adjusted"

Since the nursing course underwent curricular change, constant adjustments were made to adapt its curriculum to active methodologies. However, in the statements of the graduates, it is possible to

identify some weaknesses that made the implementation of PBL in the course in question difficult. According to them, the abrupt change from traditional methodology, from high school to active, in university education, was responsible for feelings such as fear, strangeness and insecurity; some interviewees reported that they felt "lost", especially in relation to the management of content demand and time.

[...] we had some difficulties in organizing the curriculum, learning how this new methodology worked, acceptance, we already came from a traditional method, so it was always very new, I was lost. (E2)

[...] the PBL was presented to us in the first week of the first semester, through the first activity. [...] To understand the methodology, they made us research about it, and that's when we started to understand. But honestly, I don't know if it's because of structure or organization, me and a good part of my class took at least a semester, this was confusing for a long time, because it seemed the same thing [...]. (E16)

The lack of familiarity with the method awakens in the student a certain sense of strangeness and difficulty in organization and adaptation to the method. Studies show that the learning process using PBL is slower compared to the traditional method²⁴, because it is necessary, initially, to understand the philosophical-pedagogical principles that underline it, which requires preparation from students and teachers⁽¹⁶⁾.

As for the advantages and disadvantages of PBL, there is evidence that the use of a new methodology needs to be carried out gradually, adapting students in each stage of the teaching-learning process⁽²³⁾. Another issue reported was the exhaustion and exhaustion of the students, due to the exhausting workload, with few hours free for study and a large amount of required content.

Certainly, like this, the strenuous workload. Thus, it is complicated to reconcile everything, because the course load is extensive, and when you get home, you must absorb all that and [...] seek your knowledge. Either you studied at home, you studied in your free time, in quotes, or you fell behind in the course, you didn't learn, you didn't absorb everything you had to learn. (E10)

[...] very exhausting workload, [...] the study time too, we always had a free day, but, as we already did the practical activities, [...] sometimes, this study time was a little reduced. So, I ended up doing

weekends, night, dawn, they demanded/demand more studies from you. (E12)

Some studies indicate that students of the PBL model have difficulty in organizing their time for studies, and the disorganization of their schedules is an important stressful factor, which leads to the non-fulfillment of activities in a timely manner for meetings⁽²⁴⁾. Combined with this factor, the exhausting workload of the course requires greater skill in organization, generating an overload of demands and study charges, and contributing to emotional wear and tear⁽²⁵⁾.

Another aspect signaled in the testimonies was the hesitation of the faculty for the implementation of the new methodology, in the evaluation of the student's learning and in the technical-scientific application of the methodology itself.

We had teachers who were well, already with knowledge about the method [...]. On the other hand, we also had teachers [...] who did not understand very well what the proposal of PBL was [...]. (E8)

When you have a faculty, that faculty needs to be very aligned first. It starts with the teachers really knowing, everyone, very well the methodology. They are based not only on the question of "ah, but professor so-and-so of so-and-so also knows, and B seems not to know". That's not it. They both know, but sometimes they interpret it differently, so they pass it differently. (E16)

[...] because, in the period I made, the corrections were still very subjective. We had the elements there that were evaluated in the portfolio, but they did not come clearly in our evaluation. So, we ended up being like: "but, gee, what was the criterion?" [...] So we saw a lot of discrepancy in the evaluations between teachers, it wasn't even the issue among the students, it was between the tutoring classes. And whether we like it or not, we don't know to what extent it was dependable or not. (E11)

So this fragmentation begins in the faculty, and it continues in the student, because those who want to research more, research, but those who research less, who study less, who dedicate themselves less will also pass, because I think that the evaluation criteria do not reach the fragmentations [...]. (E16)

Studies show that the curricular changes generate some difficulty in teachers regarding the evaluation question⁽²⁶⁾, due to the dissonance between the teacher's training and the tools of evaluation of the proposed pedagogical model.

Similar results were found in a study that

evaluated the curriculum reform of a medical course from the perspective of teachers. This demonstrates that the difficulties in the student's evaluation show the lack of a permanent training plan for the teacher⁽¹⁰⁾.

About the basic curriculum subjects, respondents pointed out that often their curricular content did not correlate with clinical disciplines, due to the lack of guidance by the course teachers regarding the focus of these disciplines for applied areas of nursing, which made it difficult to interdisciplinarity of the method. In addition, some students reported some difficulty in learning the contents of basic sciences on their own, due to limited access to theoretical referents of quality in this area.

[...] within the module of the elderly adult you would have to have anatomy, physiology, biochemistry. [...] I think that these specific disciplines within the modules are not so well worked, and I think that the dialogue between nursing professors and biological professors must be more seated and talked about better [...]. (E9)

This is unanimous, the issue of the basic cycle. It's very flawed. It's very superficial [...]. (E17)

In health education, it is common for curricula to be divided into basic and vocational cycles. Such division is seen as unarticulated between the cycles, which prevents the content of the basic cycle from being transmitted to maintain its applicability in the vocational cycle. A study conducted with 52 undergraduate medical students from a University of the state of Paraná, in Brazil, pointed out that students consider that the basic cycle has significant importance for future medical practice, but were dissatisfied with the basic education. About 94% reported having assimilated less than 60% of the content taught during the basic cycle. Course evasion was also associated with the lack of integration between cycles. In this sense, it is important to propose approaches that help the articulation between cycles⁽²⁷⁾, so that students can relate them, making their learning meaningful.

Another issue addressed by the interviewees was the influence of physical facilities and the availability of equipment and human resources in the adequacy of the curriculum reform. Some reports pointed out that, although the Pedagogical Project of the Course is in accordance with the National Curriculum Guidelines, having been built

rooms for the tutorials to be carried out, there was a delay in some aspects of infrastructure, such as the structure of General Skills Laboratories, which made it difficult to fulfill the pedagogical plan.

So, at home, you don't have a library, you have the internet. And sometimes there are subjects that you won't find on the internet because they're in books. Then, like, we were indicated such a book [...] there in the library there were four volumes for a class of 50 students, so it was not possible for everyone to enjoy the same book [...]. (E6)

The results of the evaluation of the integrated curriculum carried out in 2012 indicated the need to review two relevant points of the curricular structure: 1) The vertical integration of contents, reconsidering the relationship between basic sciences and specific disciplines, mainly due to the effectiveness of this construction at the level of student development; and 2) The consistency of the intended interdisciplinarity, focusing on the effective level of this integration to signal strategies that make it viable in the evaluation emphasized the coherence and consistency of the curriculum implemented to create differentiated articulations between the different sciences that make up nursing teaching and practice⁽¹⁰⁾.

These data demonstrate that the implementation of an integrated curriculum using active methodologies depends not only on a well-structured pedagogical project, but also on the support and resources offered by the university. In short, we can say that the understanding of the

pedagogical conceptions of PBL and the new roles exercised by teachers and students in the face of this methodology is essential for the success of its development.

FINAL THOUGHTS

The study shows that the use of PBL methodology in the training of nurses provided important benefits for the development of skills essential to professional exercise, as perceived by graduates. The curriculum reform, when introducing the PBL, promoted greater autonomy of students, encouraging the active search for knowledge and the development of a critical and reflective posture – fundamental aspects to face the challenges of professional daily life. In addition, the PBL was recognized as a differential in the teaching-learning process, especially by stimulating learning to learn, which reinforces the importance of keeping the student at the center of the educational process. However, the implementation presented challenges related to the need for continuous adjustments in the curriculum model. Therefore, it is important to evaluate the active teaching methodologies periodically and carefully, as a way of ensuring constant improvement in the quality of nursing training and alignment with the demands of the labor market and society.

PROBLEM BASED LEARNING: PERCEPÇÃO DE EGRESSOS DE GRADUAÇÃO EM ENFERMAGEM

RESUMO

Objetivo: compreender como os egressos de enfermagem percebem a contribuição da metodologia Problem Based Learning (PBL) no desenvolvimento de sua formação acadêmica. **Método:** trata-se de um estudo descritivo exploratório, de abordagem qualitativa, realizado por meio de entrevista semiestruturada guiada pela questão norteadora: Como foi o uso do método Problem Based Learning na sua formação profissional? As entrevistas foram audiogravadas e posteriormente submetidas à Análise de Conteúdo de Bardin. **Resultados e Discussão:** da fala dos participantes, emergiram 22 unidades de significação, que deram origem a sete subcategorias, constituintes das três categorias de análise: estrutura curricular diferente, vantagens para a formação profissional e entraves para a implementação do PBL. Foi proporcionada uma formação adequada, coerente como Projeto Pedagógico do Curso proposto para a formação profissional, principalmente por favorecer o desenvolvimento de atitudes proativas, críticas e reflexivas de acordo com as diretrizes curriculares. As dificuldades e os desafios referem-se, sobretudo, à incompreensão dos aspectos pedagógicos do método e à dificuldade na organização dos alunos. **Considerações finais:** o PBL foi reconhecido como um diferencial no processo de ensino-aprendizagem, especialmente por estimular o aprender a aprender, o que reforça a importância de manter o estudante no centro do processo educativo. No entanto, como toda inovação pedagógica, a implementação do PBL apresentou desafios, principalmente relacionados à necessidade de ajustes contínuos no modelo curricular.

Palavras-chave: Aprendizagem baseada em problemas. Educação em enfermagem. Currículo. Ensino.

PROBLEM BASED LEARNING: PERCEPCIÓN DE EGRESADOS DEL GRADO EN ENFERMERÍA

RESUMEN

Objetivo: comprender cómo los egresados de enfermería perciben la contribución de la metodología *Problem Based Learning* (PBL) en el desarrollo de su formación académica. **Método:** se trata de un estudio exploratorio, de enfoque cualitativo, realizado a través de entrevista semiestructurada guiada por la pregunta orientadora: ¿Cómo fue el uso del método *Problem Based Learning* en su formación profesional? Las entrevistas fueron audio grabadas y posteriormente sometidas al análisis de contenido de Bardin. **Resultados y discusión:** del relato de los participantes, surgieron 22 unidades de significación, que dieron origen a siete subcategorías, constituyentes de las tres categorías de análisis: estructura curricular diferente; ventajas para la formación profesional y obstáculos para la implementación del PBL. Se proporcionó una formación adecuada, coherente como Proyecto Pedagógico del Curso propuesto para la formación profesional, principalmente por fomentar el desarrollo de actitudes proactivas, críticas y reflexivas de acuerdo con las directrices curriculares. Las dificultades y los desafíos se refieren, sobre todo, a la incompreensión de los aspectos pedagógicos del método y a la dificultad en la organización de los alumnos. **Consideraciones finales:** el PBL fue reconocido como un diferencial en el proceso de enseñanza-aprendizaje, especialmente por estimular el aprender a aprender, lo que refuerza la importancia de mantener al estudiante en el centro del proceso educativo. Sin embargo, como toda innovación pedagógica, la implementación del PBL presentó desafíos, principalmente relacionados con la necesidad de ajustes continuos en el modelo curricular.

Palabras clave: Aprendizaje basado en problemas. Educación en enfermería. Currículo; Enseñanza.

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Corresponding author: Rodrigo Guimarães dos Santos Almeida. Cidade Universitária, Av. Costa e Silva-Pioneiros, MS, 79070-900. (67) 99202-0270 E-mail: rgclaretiano@gmail.com

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