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Teaching-care practice community: analysis of mutual commitment, common objective and shared repertoire

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ABSTRACT. The present writing aims to analyze the process of building mutual commitment, common objective and shared repertoire of the teaching-care practice community in Primary Health Care using the Action Research methodology with the participation of nurses who supervise students and nurses who teach who worked in Primary Health Care in a municipality in the South of Brazil. Data collection took place in five focus groups. Data were analyzed according to Bardin's (2011) content analysis, using the AtlasTi8 data analysis software. Based on the method used, it was possible to obtain results that are presented in three categories: 'Establishing mutual commitment to the teaching-care practice community in Primary Health Care'; 'Carrying out the joint venture/common objective for the teaching-care practice community in Primary Health Care'; 'Developing a shared repertoire for the teaching-care practice community in Primary Health Care'. Finally, it took into account that the negotiation of meaning about the practice was based on different perspectives on the same object, reaching a mutual commitment; the common objective, negotiated in the light of policies, laws, ordinances that reinforce the way work should be performed in Primary Health Care, turned to the expanded clinic, structured based on the needs of the territory; the materials that guide the teaching activities, such as the curriculum, pedagogical political projects, internship terms were considered elements of the shared repertoire.

Keywords: higher education; nursing education; primary health care; community of practice.

Comunidade de prática docente-assistencial: análise do compromisso mútuo, objetivo comum e repertório compartilhado

RESUMO. A presente escrita tem o objetivo de analisar o processo de construção do compromisso mútuo, objetivo comum e repertório compartilhado de comunidade de prática docente-assistencial na Atenção Primária em Saúde. Utilizando uma metodologia de Pesquisa ação com participação de enfermeiros supervisores de discentes e enfermeiros docentes que atuavam na Atenção Primária em Saúde em um município do Sul do Brasil. A coleta de dados ocorreu em cinco grupos focais. Os dados foram analisados segundo a análise de conteúdo de Bardin (2011), utilizando-se o *software* de análise de dados *AtlasTi*8. A partir do método utilizado, foi possível obter resultados que estão apresentados em três categorias: Estabelecendo o compromisso mútuo para comunidade de prática docente assistencial na Atenção Primária em Saúde; Realizando o empreendimento conjunto para comunidade de prática docente assistencial na Atenção Primária em Saúde; Desenvolvendo repertório compartilhado para comunidade de prática docente assistencial na Atenção Primária em Saúde. Por fim, levou em consideração que, a negociação de significado sobre a prática foi pautada em diferentes perspectivas sobre o mesmo objeto, chegando ao compromisso mútuo; o objetivo comum, negociado à luz de políticas, de leis, de portarias que reforçam a maneira como o trabalho deva ser executado na Atenção Primária em Saúde, voltou-se à clínica ampliada, estruturado a partir das necessidades do território; os materiais que norteiam as atividades de ensino, como o currículo, os projetos políticos pedagógicos, os termos de estágio foram considerados elementos do repertório compartilhado.

Palavras-chave: ensino superior; educação em enfermagem; atenção primária à saúde; comunidade de prática.

Comunidad de prácticas de asistencia docente: análisis del compromiso mutuo, objetivo común y repertorio compartido

RESUMEN. Tuve como objetivo analizar el proceso de construcción del compromiso mutuo, un objetivo común y un repertorio compartido de la comunidad de práctica docente-asistencial en Atención Primaria de Salud. Fue una investigación de acción con la participación de enfermeras supervisoras de estudiantes y enfermeras docentes que trabajan en atención primaria de salud en un municipio del sur de Brasil. La recolección de datos ocurrió en cinco grupos focales. Los datos se analizaron a partir del análisis de contenido de Bardin (2011), utilizando el software de análisis de datos AtlasTi8. A partir del método utilizado, fue posible obtener resultados que son presentados en tres categorías: establecer un compromiso mutuo con la comunidad de práctica de la atención docente en Atención Primaria de Salud; Llevar a cabo la empresa conjunta para una comunidad de enseñanza práctica asistencial en Atención Primaria de Salud; Desarrollar un repertorio compartido para la comunidad de práctica docente en atención primaria de salud. Finalmente, tuvo en cuenta que la negociación de significado sobre la práctica se basó en diferentes perspectivas sobre el mismo objeto, llegando a un compromiso mutuo; El objetivo común, negociado a la luz de las políticas, leyes y ordenanzas que refuerzan la forma en que se debe realizar el trabajo en la atención primaria de salud, se convirtió en una clínica ampliada, estructurada en función de las necesidades del territorio; Los materiales que guían las actividades de enseñanza, como el plan de estudios, los proyectos políticos pedagógicos, los términos de la pasantía se consideraron elementos del repertorio compartido

Palabras clave: educación superior; educación en enfermería; atención primaria de salud; comunidad de práctica.

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Introduction

The teaching exercise is carried out by a series of actions starting from the understanding of the subject, transformation of the content according to the educational objectives, of the teaching itself, of the learning evaluation, of the reflection in the action by the teacher himself, allowing to reach new forms of understanding for best teaching-learning practices. It is a cyclical structure of reflection proposed by Shulman (2015) as a Model of Action and Pedagogical Reasoning that allows for a more consistent teaching action that is aware of its role.

In health education, pedagogical practice is developed in different contexts and is guided by Pedagogical Course Projects (PCPs) under the responsibility of each educational institution (Law 9,394, 1996). Thus, in the profile expected by the training of human resources in health, it appears that there are distinctions between educational institutions and the needs of each service. It is, therefore, natural that the training scenario involves complexities, challenges, singularities, requiring knowledge about the place of action, in order to give meaning to what is being carried out or taken as conduct (Menegaz, Zamprogna, & Backes, 2019).

In an attempt to bring higher education institutions and health services closer together, the teaching-service integration (Portaria Interministerial nº 2.118, 2005) becomes a relevant component of the training process in the health area, enabling different contexts for the insertion and development of the students. In learning-by-doing, repercussions are sought for student learning, corresponding to a reflective practice that articulates the world of work with that of teaching. The intention is to bring the nursing training process closer to the real demands of health institutions (Reibnitz, Kloh, Corrêa, & Lima, 2016).

That said, it is natural that the eyes turn to the protagonism of the actors, professors and supervisornurses, who develop teaching since they are considered competent for the development of meaningful learning, insofar as they interrelate knowledge, beliefs, professional skills and actions with the pedagogical exercise (Meschede, Fiebranz, Möller, & Steffensky, 2017), regardless of the context.

In this movement, there are already guiding policies, such as Permanent Education (Ceccim & Feuerwerker, 2004), as well as the National Primary Care Policy, the context of focus of this study, which in its latest version reinforces the functioning of Primary Care. , "[...] the importance of providing adequate physical spaces and environments for the training of secondary and higher education students and health workers for in-service training and for continuing education at the Basic Health Unit (BHU)" (Ordinance nº 2,436, 2017).

The level of care responsible for coordinating care and ordering the user's itinerary in the network, Primary Health Care (PHC), considers the determinants of health, and promotes the inclusion of society in its decision-making, performing unique activities in each territory, in light of the needs and demands of the population, acting in line with the health policies of Primary Care. Thus, on the part of nursing professors and, on the other

hand, nurses supervising students, a series of needs emerge for the planning and supervision of joint actions with pedagogical praxis in service, especially at this level of care (Reibnitz et al., 2016).

As a tool for teacher training in different contexts and linked to the objective of developing competences among the participants, based on the generation and exchange of knowledge, Wenger and Snyder (2000) recognize, in the constitution of Practice Communities (PC), a path to learning. The PCs are characterized from three dimensions: mutual commitment, joint venture/common objective and shared repertoire. The concepts of meaning, community, learning, limit and locality are central to the establishment of relationships in PC.

The group of people who interact in the PC is composed of members, who share responsibilities or passion for a theme, usually for what they do (Wenger, 2011). Thus, it is in the shared action that the community takes place, although it is not limited to only this assumption, since, above all, it occurs due to the meaning that the members inserted there give about the practice.

This articulation between practice and negotiation of meaning comes from the three dimensions that characterize the community. In short, the first concerns the responsibility of each member for articulated and dialogic action that establishes connections and enhances learning. The second deals with the process of negotiation of meanings, established with the collectivity; for Menegaz et al. (2019, p. 131), this dimension, from the perspective of health courses, is exemplified in the "[...] objective of training professionals for the SUS [...]", although it does not presuppose such a simple acceptance of all members. Finally, the shared repertoire, combined by participation and objectification, which turns ideas into something concrete, deals with documents, routines, symbols that the community adopts and that characterize it (Wenger, 2011).

Considering the practice community as a potential transformer of attitudes and actions, we adopted the reference to create the teaching-care practice community, considering it a space for the qualification of knowledge and practices, involving the teachers and the supervisornurses, called care nurses. Therefore, the study in question sought to analyze the process of building mutual commitment, common objective and shared repertoire of a teaching-care practice community in Primary Health Care based on the theoretical framework of Wenger (2011), and methodological framework of action research by Thiollent (2011).

Methodology

Qualitative action-research study developed through a Focus Group which aimed to explain the realization of a community of teaching-care practice in Primary Care, as a permanent training strategy to qualify the training of nursing students. Action research proposes to act on the observed reality, in order to produce knowledge that is relevant to it (Thiollent & Colette, 2014). As it takes place in a real, practical context with the active participation of the people and groups studied, it adds the potential to generate significant changes in health training actions.

The work was approved by the Research Ethics Committee under CAAE nº 83737518.0.0000.0121. The development took place in the Southern Region of Brazil, in the State of Santa Catarina, from the partnership with a higher education institution and the fields of practice of Primary Health Care of a public agency in a municipality in the Greater Florianópolis region. Having, as a field of study, BHUs that receive teaching nurses from higher education institutions (HEIs) who develop their teaching activities in a PHC practice environment and which have Family Health Strategy teams (FHS).

Thus, the places of development of this study were the BHUs linked to the Municipal Health Department, in conjunction with the HEI. Of the 23 municipal BHUs, 14 received professors and students linked to the HEI, totaling 16 professors who carried out their activities in these fields. As for nurses, in each unit, the number differed, totaling 35 nurses working in these 14 units.

Of the 14 BHUs that received professors to carry out practical activities, six were previously selected to carry out the work. To this end, large units were taken into account, with more than one Family Health Strategy team, which made it possible to reach a greater number of participating nurses and HEI professors and to develop teaching activities that to welcome nursing students in different curricular phases.

The participants of this study were the nursing professors who carried out practical teaching activities in Primary Health Care, linked to a private HEI that performs its practical internships in the BHUs of the municipality, as well as nurses linked to the Municipal Health Department who accompanied the students who were carrying out practical teaching activities in Primary Health Care in these BHUs. It was agreed for this work to name the first group of participants as teaching nurses and the second, about the professionals linked to the health institution, as supervisor nurses.

Inclusion criteria for HEI professors were: professionals graduated in nursing, who worked in teaching higher education in health as professors of nursing students, in theoretical-practical teaching activities, in Primary Health Care, having employment at the HEI selected and acting in the monitoring of education in Primary Care, for at least six months. The exclusion criteria were: being on leave, vacation or away from work at the time of data collection.

Inclusion criteria for nurses were considered: monitoring the theoretical-practical teaching activities of nursing students in PHC in the BHUs that received groups of students; having an effective employment relationship in the position of Nurse of the Family Health Strategy of the municipality. The exclusion criteria were: being on vacation, away or on leave at the time of data collection.

In total, seven professors and six nurses from the Family Health Strategy participated in the study, totaling 13 participants. Data collection took place on the premises of the higher education institution participating in the research, defined in partnership with the study participants, through the Focus Group technique, whose applicability allows for extensive discussion mediated by dialogue, so that the production of data in collective space provides an opportunity for broad thematic problematization, construction of knowledge and approximation of the research with the reality of the participants Thus, five meetings took place in a classroom of the educational institution. Data were collected from June to October 2018.

Individual contact was made by e-mail to invite the individuals to participate in the study, later determining the day, place and time for the first meeting. The purpose of this was: to know the institution and the participants, to introduce the researcher and the research proposal, to motivate participation in the research, to regularize the ethical and legal aspects of the research and to present and sign the Informed Consent Term - ICT. In the end, agreements regarding the next meetings were established with the group.

The focus groups had a mean duration of two to four hours, with monthly meetings, guided by guiding questions established in the Script. For recording, the meetings were filmed and recorded by a NIKON camcorder (semi-professional), for later transcription of the speeches for analysis. During the entire data collection process, a field diary was used to record the activities developed, the speeches emitted by the participants and notes on reflections resulting from the observations and impressions.

Qualitative data were analyzed through Bardin's content analysis (2011), using the AtlasTi8 data analysis software, for the written coding and categorization of the speeches referring to the five research meetings.

Bardin's pre-analysis phase generated five documents that refer to the transcript of each meeting, which brought together the speeches, activities and records of the focus groups carried out. The exhaustive reading of them resulted in the second phase of Bardin's content analysis, which concerns the exploration of the material. In this exploration, a total of 397 significant excerpts were reached, among the five documents. For AtlasTi 8, such significant excerpts are referred to as quotations.

Still in the material exploration phase, each significant passage was read, which led to encodings – expressions of meaning of the most notable themes –, which resulted in 91 encodings regarding the macro-research. For this specific manuscript, in light of the theoretical framework, the third phase of content analysis was developed. Therefore, 23 encodings were used, which presented, in total, 42 significant excerpts (participants' statements).

The 23 codifications were grouped into three categories that reflected the dimensions of the practice community, regarding the concepts of Wenger (2011). It should be noted that not all encodings that make up the categories are described here. Based on the three dimensions of PC, it is possible to observe the aspects that conceived, in this set, the teaching-care practice community in nursing for teaching in PHC, resulting in the categories of: 'Establishing mutual commitment to the teaching-care practice community in Primary Health Care'; 'Carrying out the joint venture/common objective for the teaching-care practice community in Primary Health Care'; 'Developing a shared repertoire for the teaching-care practice community in Primary Health Care'.

In order to preserve the anonymity of the participants, the letters T are used for Teaching Nurses and N for Supervisory Nurses. These letters, sequenced by number, refer to the coding order in AtlasTi 8 of each significant section (quotation). Below is the representative structure of the findings.

Results

Establishing mutual commitment to the teaching-care practice community in Primary Health Care

Community practice does not exist in an abstract way; there are people who participate in actions whose meaning they mutually negotiate. In order to establish mutual commitment there is a need for interaction, which can trigger dilemmas, aspirations, responses, and may or may not lead to the homogenization of ideas. Each participant finds a unique place and acquires his own identity that is increasingly integrated and defined through a commitment. Mutual commitment creates relationships between people that arise from commitment to the practice and, in them, disagreements and conflicts are established. The disagreements, goals and competences of each one are forms of participation (Wenger, 2011).

In the findings of this study, the mutual commitment was established between the discussion about the recurring problems in teaching in PHC and how each actor, within his roles, was committed to the transformation. It is inferred from the issue of theoretical-practical development focused on the specifics of each location, as well as the verification of the scope of student learning, establishing mutual commitments that would qualify teaching:

> [...] it has adjustments according to the teams. So, the teacher/nurse who is in these Internship Fields, in the Unit, also has to prepare himself in relation to the protocols, the Theories, but also with the needs and individualities of each place. So, my commitment is, based on these discussions and reflections, to always try this articulation, to promote this improvement in the junction of Theory and Practice. T04

The student attitude can generate interference in the supervisory nurses' mutual commitment, while the teacher and student commitment strengthens it.

> [...] they are less committed [...] a student who appeared at the door said: "I am with the health agent [...]", she did not introduce herself, we work with a lot of people, there are several internship groups, patients, professionals, etc. And then a person appears without a lab coat, without anything... And there was another student who called or made a visit accompanied by a health agent and asked if the agent could not do a procedure that was her exclusive responsibility [...] So, I realize, each time, this lack of commitment, and it ends up discouraging the team to be together, to teach, you know? [...] Why am I going to stop my routine to teach a person who doesn't want to learn? Do you understand me? [...]. N01

> I even change my schedule so that the student can participate. So, we work in the morning and in the afternoon I am in charge of coordination. So, I change my schedule, no matter how stressful [it may be] for me, call, cancel, transfer, and redo everything for this student to be with me... N02

Carrying out the joint venture/common objective for the teaching-care practice community in Primary Health Care

In the teaching-assistance PC, nursing teachers and supervisornurses create ways of doing their work, contributing to a common objective, in their own way, each one in their own perspective. When creating, they are negotiating meaning and are learning and incorporating, evidencing styles of expression that lead to the identities of the members.

Indirectly, the groups worked from their roles, aimed at a common questioning, perceiving directions, in the statements of supervisor nurses, different from those of nursing teachers. Identities conferred by the characteristics that one part or another of the group members shared. Supervisor nurses sometimes problematized general issues, to develop the content, to strengthen the role of the primary care nurses. Their speeches express directions for the joint venture, as they establish agreements, negotiate processes and responsibilities that achieve results.

Finally, together, the participants negotiated meanings for the same object. It was noticed that the interaction, materialized by stories and experiences, leads to propositions of transformation.

There was also an intonation about the role of nurses in this context and the expanded view of health as a common objective for training the SUS. The guiding policies and knowledge about the health network were also identified by the members to the common objective:

> The reality on the issue of SUS policies, the quest to show the reality and make students aware of different demands, social differences and the interventions that are necessary to adapt to different needs. [...] Bring the policy, get to know the policy and also show the reality of that service, that community... And make students aware of it. And, based on reality, on service conditions, in the community, in short, making a parallel with Health Policies, make a situational diagnosis and, based on this diagnosis, think of interventions that really fit that reality. T02

The pedagogical tools highlighted by the teaching nurses for the common objective must also be noticed, evidencing the need for planning teaching and teaching in different contexts.

> Planning activities, because it's no use just getting to the student and talking, without planning anything, and always being up to date with Primary Care policies. N06

Developing a shared repertoire for the teaching-care practice community in Primary Health Care

In Wenger (2011) the shared repertoire is defined as the third dimension of the practice community. Briefly, it includes the routines, words, instruments, produced by the community that are adopted in their practices. According to Menegaz et al. (2019), teaching plans, curriculum, and even informal tips are examples of shared repertoire.

The collective bargaining agreements between the members, for the organization of the insertion of the HEI in the health network, descend from the contact with the curriculum, the teaching plans and internship terms, considered fundamental for the understanding of the disciplinary intention for the teaching objective student at PHC. Sometimes, this contact was problematic and generated tensions between the pairs.

> [...] the plan being there, we can't always do it exactly as it is. [...] we have a social difference and everything else, within our population, that we can't always do the right way. N05

> I think that, from the terms of the internship, there are already the Activities that are developed in the Field. I don't know if the nurses of the Family Health Strategy have access to these Activities. It's just that the teacher, when he arrives in the Field, we have this conversation with the nurse, for example: we are in Women's Health, in Children's Health... so we will focus on that. T04

The question of the unit's structure and the reception by the coordinators was also mentioned, instigating negotiation strategies to mediate and propose the best conduction to the sharing repertoire.

> [...] if you have a small Unit, with a small structure, there is no way I can take the 6th period, which has six or seven students, they have nowhere to stay, they don't even have classrooms... so the student waits in the hallway ... The physical structure, it ends up harming. T01

> We went to a Unit, talked to this coordinator and she, at the reception, said that she would accept if the students were to stay at the reception, which was what she did. “No, here I don't do any of that! If the student wants to come, fine, but he will stay at the counter!” [...] the coordinator of this other BHU, she had also contacted me by phone, she asked if I was still interested in the internship, she told me that there would be a meeting and that it was time that I would be able to sit down, introduce myself, talk things out [...] We have to adapt to the best possible places for learning. T07/CES

Discussion

Wenger (2011), when approaching the concept of community, expresses the association between practice and community, stating that not every community can be defined as a practice community. To unify both terms, two dimensions are respected, namely: the production of characteristics that distinguish the term *practice* from terms associated with a culture, activity or structure; and associating the term *community* to a special type, which establishes them mutually, specifying them in practice community (PC).

In this case, the practice community was established by the interaction between the two sets of teaching nurses linked to the higher education institution and supervisor nurses of the health service, both inserted in the same educational context, in a nursing teaching-learning space in the Primary Health Care (PHC).

Professional daily practice is involved in a series of values, meanings, ways of doing things, habits and skills carried out at a defined time and in different contexts, harmonized with theoretical assumptions and is therefore considered unique and complex (Marcolino, Lourenço, & Reali, 2017). It is understood, therefore, that the teachers, when consciously using theoretical and scientific knowledge, involve tacit knowledge in their practice. In an attempt for the professional to understand what is implied, reflection in action is a strategy of resignification, of transforming routine action (Schon, 2007).

The discussion presented here, which highlights the problems and challenges of teaching practice in teaching in a service environment, boosted the protagonist role of mutual commitment to do better among peers. It was noticed that the teaching nurses configured a mutual commitment around the concern about the theoretical contribution, about the theoretical-practical junction in the teaching practice in service, which takes into account the training needs for the SUS and the PHC approach, since that the broad field of action requires nurses to master various contents and skills (Ferreira, Dantas, & Valente, 2018).

It was possible to notice different forms, of greater or lesser degree of articulation of mutual commitment between the members of this community, depending on the importance given by each individual on each aspect discussed during the PC. The lack of motivation, a result of the attitudes of some students, also echoed the teaching nurses and supervisor nurses, causing this aspect to be discussed in the community. While the teachers understood, in the evaluation and behavior of the students, strategies to think of new ways to conduct the teaching process, which reflects on the concern about the verification of skills developed by the students, the supervisor nurses generated actions that decommitted them from the process of teaching and learning.

Ausubel (2003) defines that learning, in order to be significantly incorporated, first needs the students' willingness to learn it. It is considered here what Shulman (2015) said, that the teacher, when establishing the process of Action and Pedagogical Reasoning, is concerned with the students' learning to make the decision for its exercise, using knowledge, mainly of pedagogical content knowledge. Shulman highlights that the way this content is communicated to the students, leads to the learning of what is essential in that subject. Therefore, it is natural that in teaching in a practice environment –which aims to develop skills and competences through real contact with the work context (Resolution CNE/CES nº 3, 2001) – the verification of learning is the subject of discussion.

We also consider that evaluation is a challenging activity, whether in how to perform it, how to proceed with it, how to do it in the fairest way, given that it is a value judgment about the verification of the student's significant learning (Belém et al., 2018). This was a discussion mostly interposed by the teaching members of the HEI. It could be seen that the mutual commitment, in the sphere of this theme, occurred primarily by a portion of members around a task, which is to use the best form of evaluation for learning, precisely because it is an activity inherent to the teachers, experienced daily. This agrees with Wenger (2011), who highlights the occurrence of negotiation of meaning in a community, through the individual's experience in the world. Accordingly, a certain identity is delimited between the members.

Wenger (2011) highlights that the identity has characteristics of participation and reification, meaning that it is negotiated in the community and involves a process of constant transformation, being a social attribution based on the lived experiences. Through a learning process that incorporates past and future, meaning is given to the present. The author also argues that someone's identity is not defined only by the practices performed, but also by those that are not performed by him.

Although the supervisor nurses did not have a formal concern about the element of learning evaluate, mainly pointed out by the teaching nurses, the integration in a community of practice or in a group of people who share a common objective will allow the adoption of new roles and the apprehension of the elements that make up the exercise of teaching (Alves, Queirós, & Batista, 2017). In this movement, the practice community, with regard to supervisor nurses, will be able to bring them closer to this discussion, being able to sensitize themselves and start to recognize elements that they had not been aware before, since the community, by the way in which it acts, is considered a tool of constant transformation process (Alves et al., 2017).

At this juncture, the identities of community members are taking shape, linked to the main job of each participant. They tend to have a mutual commitment on didactic-pedagogical aspects with regard to teaching nurses, possibly because they are more centralized in teaching constructs, inserted in educational institutions that play a central role in the organization of higher education (Law nº 9,394, 1996). And on more structural, organizational aspects, with regard to the supervisor nurses, this is possibly attributed to the lack of clarity of the role and supervisory attributions in-service teaching (Campos, Emerich, & Ricci, 2019), with the potential community for the scope of this understanding.

For Santos and Arroio (2015), as the member participates in the practice community, it strengthens the formation of the teaching identity, the role in teaching, experiencing best practices and improving them. In this agenda, a teaching discussion emerges about the training space and the analysis of the arrangement aimed at a fortuitous partnership, in which the student can accompany the supervisor nurse, although the time is mitigated. Within their reach and within their responsibility (Menegaz et al., 2019), nurses are mutually committed, whether in changes to the agenda or in other adjustments, to have the right measure between carrying out activities that are their responsibility in the field and the inclusion of students in them. AS it is an organizational commitment, the mutual commitment is raised to a macro level, despite the inclusion of the health institution to reorient the work process of the care nurses, assuming this partnership, since, although the National Primary Care Policy considers all BHUs as spaces for human resources training and in-service education (Ordinance 2436, 2017), it alone does not account for the process.

In this understanding, the common objective of this PC was achieved, under challenges and needs for its establishment, expressing relationships that determined between the members what was good and what was not, what was important or not to be done, what needed improvement and how it could be done.

Guided by the principles of integrality, equity and universality, and focus on the needs of the population, the PHC encompasses health determinants and, even if subjectively, has its driving base in the expanded clinic, requiring a dynamic look from the professionals (Ordinance nº 2,436, 2017; Humaniza SUS, 2009). From this perspective, the supervisor nurses kick-start the construction of a common training objective for the SUS, encouraging movement with the HEI members to work on this vision in student training. This reflects on a negotiation process during the community meetings, given that, on the one hand, the supervisor nurses perceive student behavior with a pathological focus, while, on the other hand, the teaching nurses resume stories that validate the discussion of this theme in class, in an approach that reinforces this same understanding by the HEI. It is a concern about the management of the clinic that operates in the reorientation of the look for the health needs, avoiding reductionist attitudes to the diagnosis and treatment of the disease and that reach health care based on the integrality of care (Padilha et al., 2018).

If it is from the experiences of teachers that the development of understanding occurs (Shulman, 2015), the body of activities that individuals perform, whether in teaching, research or out reach, will also influence understanding. This justifies the in-depth experience of supervisor nurses in PHC, which leads them to include, within the scope of the common objective, the assumptions of the expanded clinic and health policies. And also of the teaching nurses, who highlight the knowledge of the network, given their experiences in it, an element for teaching work in the PHC service.

In a national panorama influenced by political, social, economic or cultural divergences, the performance of the service will not always be consistent with the guidelines of the work in PHC (Santos & Melo, 2018), even because it is not necessary to go far to verify dichotomized contexts, sometimes even in bordering territories, and that result in different actions and services provided. Without forgetting that the work of PHC teams occurs, above all, by the needs arising from the population (Ordinance 2.436, 2017), being the context, therefore, a major influencer of the choices and attitudes of teachers and nurses in teaching in PHC.

This same context that induces different attitudes brings the members together in the sewing of the common objective, uniting the theories, policies and guidelines that guide the SUS for teaching that do not isolate or minimize the social part. Through a process of belonging, of mutual commitment, the members arrive at learning in the PC, as they meet the theory of the social approach, cradle of the Practice Community (Santos & Arroio, 2015), Lave and Wenger (1991) define that the learning is not separated from the social aspect, and it is precisely the activities developed by the subject in society that lead him to this reach.

In this horizon, it can be said that the pedagogical practice is directly influenced by the context. The study by Menegaz (2015) agrees with this, who, when researching how nursing teachers act and reason pedagogically in different contexts, realized that in fact there is a different performance of them, influenced on the functioning and prerogatives of each HEI, on aspects of management, financing, and cultural characteristics. Shulman (2015) refers to the educational context as an important knowledge base for Pedagogical Action and Reasoning by recognizing that from the micro aspect, about the functioning of the group of the educational institution, to the macro aspect, understood in management, in the character of communities, favor greater teacher commitment, either with the institutions involved or with the community.

Thus, a common objective is born arising from the real need of different spaces and territories, valuing the dimension of the principles and guidelines that guide this level of care. It dictates the actions and choices of the actors involved in this specificity of teaching, which are also choices influenced by the shared repertoire of resources, which encompass a set of ideas, information, and agreed documents (Parker, Patton, Madden, & Sinclair, 2010).

For Wenger, McDermott and Snyder (2002), the shared repertoire of PC resources includes routines, words, tools or concepts that the community produces or adopts in the course of its existence, making them part of its practice. This community, it is recognized in the curricula, internship terms, teaching plans, validating the meaning that the members attribute to the content written in these documents, are necessary elements, directing the achievement of the common objective. Corroborating with Shulman (2015), when defining that, in order to achieve the objectives of organized schooling, materials, including the curriculum, are created to teach and learn. With their definitions and didactic sequences, they form a source for the knowledge base for teaching.

According to Kleba, Prado and Reibnitz (2016), in certain health units, the team nurses does not have the knowledge about the uniqueness of being a supervisor, reaching the point of not differentiating residents from

undergraduates, being imperative a joint action of the institutions involved acting in a coherent and integrative way, in order to build a scenario in which professionals take care of the community, while training professionals for it.

It is necessary to break with the dichotomy of roles that considers the HEI as a promoter of theoretical knowledge, and the service focused on the production of care (Carvalho, Duarte, & Guerrero, 2015). If there are already policies, guidelines (Resolution CNE/CES nº 3, 2001; Ordinance 2,436, 2017) and resolutions (Resolution nº 441, 2013) in line with in-service teaching, it is urgent to ensure that those involved in this process have access to such tools and materials, so that they are not only available to the area of Education, or are a secondary proposal of the health institution.

Extrapolating the view that, in order to reach the common objective, through the shared repertoire, contact with the teaching guiding documents would be necessary, questions arise about how to obtain it in deficient structures that do not support the entire group, especially when the reception by the team is not promising. Such questions arise from evidence already pointed out by other authors who refer to the fragility in the reach of knowledge about the principles of the SUS, due to the deficient structure of units that do not support the group, sometimes leaving it idle (Gomes et al., 2018).

It is evident, among the findings of the study, that all the parties involved have specific demands that converge to the same objective. This ranges from the need for the Permanent Education sector to organize the places for this exercise. It permeates the team, which needs to be willing to receive the group. It arrives at the HEI that, in light of current legislation, needs to insert students into a teaching space. The practice community is the potential to unite these parts, promoting dialogue, transformation and leading to learning, corroborating the studies that dictate their development in health to obtain qualitative skills from nurse educators (Oprescu, McAllister, Duncan, & Jones, 2017) ; promote coherent teaching methodologies for novice teachers (Boyd & Lawley, 2009); socialize teaching models used in different contexts (Frantz et al., 2015).

As mutual commitment is established, creating a common objective and understanding the shared repertoire, the identity of the members is increasingly revealed. For Wenger (2011), this identity is multifaceted, mutually constructed, it is the recognition of knowledge about others. In this community and in the way that the placements occur, the members are able to recognize themselves to the extent that they know who are responsible for organizing the insertion of the students in service, having the dimension of who can or cannot modify certain issues, who has or not the reach of the educational institution.

For Wenger (2011), it is inevitable that members learn in a community; however, this learning cannot be confused with brain information processing or skills acquisition, it is about participating in the process, committing to it, renegotiating meanings, reinvent and redefine old terms and habits. Meaningful learning in Wenger (2011) concerns the understanding of why we do it in such a way, what resources we have at our disposal, it is about learning and incorporating when doing. The members, when dialoguing between what they have and what is possible to achieve, when they agree or disagree, transform attitudes, suggest modifications from the reach of each one, resulting in learning, even if in different degrees among the participants, being precisely reading from different perspectives the tone of collective construction. Thus, the common practice is developed by the members over time, between interactions and exchanges.

Final considerations

The findings of this research show that the perspective of mutual commitment of each member, even if linked to a shared context between them, presented itself in a different way. Nurses valued the time devoted to the activity of supervising students. When it came to teaching nurses, there was greater intonation about the theory for teaching in Primary Care, focusing on other components of this order. Even though the perspective on mutual commitment occurred under different visions, they complemented and converged to this commitment.

When they mentioned the need to sensitize the students to the expanded view of health, they negotiated the common objective, in order to contemplate teaching coherent with what is expected from the work process in the SUS. In this dimension, it can be seen that the members shared their actions in the light of policies, laws, ordinances that reinforce the way in which work should be performed at this level of health, emphasizing too much the work aimed at the expanded clinic and that happens based on the needs of the territory in which it operates.

The materials that guide the teaching activities, whether through the curriculum, through the pedagogical political projects, through the internship terms, set the tone for the shared repertoire.

Although, among the findings, a nuance was perceived when it came to the socialization of these materials with the supervisor nurses, health unit coordinators and even with the health institution itself, weakening the correspondence of what should be debated, worked on at a given moment, if the guiding materials are compared with what actually occurs in the in-service teaching process.

As a weakness of the study, the need to include the students' view on the specificity of in-service teaching is highlighted, serving this research as a stimulus to others that are conducted in the community, with other members interested in the qualification of this activity.

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