

Bases metodológicas da formação em Fisioterapia: discutindo o distanciamento entre os processos de formação e o trabalho na atenção básica à saúde.

Methodological basis of training in Physiotherapy: discussing the detachment between the training process and the work in primary health care.

Formación metodológica en las bases de Fisioterapia: discutir las diferencias entre los procesos de formación y el trabajo en la atención primaria de salud.

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RESUMO: A partir das bases metodológicas que subjazem ao processo formativo em Fisioterapia e considerando as atribuições do fisioterapeuta nos Núcleos de Apoio à Saúde da Família (NASFs), buscou-se identificar os pontos de distanciamento entre a formação e a utilização da força de trabalho do fisioterapeuta na atenção básica à saúde em João Pessoa/PB. O estudo justificou-se pela necessidade de aprimorar os processos de formação em Fisioterapia, de modo a compatibilizá-los com os requerimentos de sua prática profissional, particularmente no nível primário de atenção à saúde. Trata-se de um estudo exploratório-descritivo e inferencial com abordagem quantitativa, onde os dados foram analisados a partir do Teste de Hipótese, utilizado como método de tomada de decisão. A análise dos dados revelou, com evidências estatísticas, distanciamentos entre o que afirmam estudantes e professores, no processo de formação do fisioterapeuta nas instituições de ensino superior pesquisadas, bem como divergências entre o que atestam fisioterapeutas e gestores em relação ao processo de trabalho nos NASFs dos Distritos Sanitários do município. Concluiu-se ser necessária uma reformulação das bases metodológicas que compõem os planos de ensino relacionados à Saúde Coletiva nas instituições que oferecem o curso de Graduação em Fisioterapia em João Pessoa, bem como uma melhor utilização da força de trabalho do fisioterapeuta junto aos NASFs, visando a uma redefinição das práticas deste profissional nos espaços da atenção básica à

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saúde.

Palavras-chave: educação superior, fisioterapia, gestão em saúde, atenção básica, tomada de decisões.

ABSTRACT: From the methodological foundations underlying the training process in Physiotherapy and considering the tasks of the physiotherapist at Nucleus of Support for Family Health (FHSCs), attempted to identify the points of separation between training and use of the physiotherapist workforce in primary healthcare in João Pessoa/PB. The study is justified by the need to enhance educational processes in Physiotherapy, in order to be compatible with the requirements of their professional practice, particularly in primary healthcare level. This is an exploratory-descriptive and inferential study which quantitative approaches. Data were analyzed from the Hypothesis Test, used as method of decision making. The data analysis showed, with statistical evidences, distances between the students and teachers who say, in the process physiotherapist formation in higher education institutions surveyed, as well as differences between those who attest physiotherapist and managers in relation to the work process in FHSCs of Health Districts of the city. It was concluded that it is necessary a reformulation of methodological bases that make up educational plans related to Collective Health at the institutions which offer the course of graduation at Physiotherapy in João Pessoa, as well as a better use of the workforce of the physiotherapist with the FHSCs, aiming at a redefinition of the practices of this professional at the areas of Primary Health.

Keywords: higher education, physiotherapy, health management, primary healthcare, decision-making.

RESUMEN: a partir de la base metodológica que subyace en el proceso de formación en fisioterapia y teniendo en cuenta las tareas del fisioterapeuta en los Centros de Apoyo a la Salud de la Familia (NASFs, en portugués), se trató de identificar los puntos de distancia entre la formación y el uso de la fuerza de trabajo del fisioterapeuta en Atención Básica de la Salud en João Pessoa/PB. El estudio se debe a la necesidad de mejorar los procesos de formación en fisioterapia, con el fin de hacerlos compatibles con las exigencias de su práctica profesional, sobre todo en el nivel primario de atención de la salud. Se trata de un estudio exploratorio-descriptivo e inferencial, con enfoque cuantitativo, en que se analizaron los datos a partir de un test de hipótesis, utilizado como método en la toma de decisiones. El análisis de los datos demostró, con evidencias estadísticas, divergencias entre lo señalado por estudiantes y profesores en el proceso de formación del fisioterapeuta en instituciones de educación superior que se investigaron, así como diferencias entre lo que afirman fisioterapeutas y directivos en relación con el proceso de trabajo en los NASFs de los distritos sanitarios del municipio. Se llegó a la conclusión de que es necesaria una reforma de las bases metodológicas, que hacen parte de los planes de estudio relacionados con la salud pública, en las instituciones que brindan el curso de graduación en fisioterapia en João Pessoa, así como hacer un mejor uso de la fuerza de trabajo del fisioterapeuta junto a los NASFs, con miras a redefinir las prácticas de este profesional en espacios de atención básica de la salud.

Palabras clave: educación superior, fisioterapia, gestión de la salud, atención básica de la salud, toma de decisiones.

1 INTRODUCTION

The advent of the National Curricular Guidelines allowed for changes in the training processes, leading to the need for new professional profiles given the problems presented by the social reality

of the country. This made the teaching in the health area to live through a process of collective reflection on its work of ideological reproduction, both in higher education institutions as well as in the insertion of its final products at healthcare services.

Given this fact, the problem that motivated this research was the gap between the training process of the physiotherapist and the professional practice in the basic healthcare. The challenge is to consider the technical aspects required to make possible the specific work of Physiotherapy, without giving up the educational and political dimensions involved in this context.

Based on the aforementioned, the study object of this research was the qualifying a professional physiotherapist from the knowledge of the methodological bases that make up the curricular components of the Physiotherapy courses in João Pessoa, PB, seeking to identify the points of rapprochement and distancing of training processes in relation to the insertion of the physiotherapist in the primary healthcare level.

The study's importance was found in the fact that some qualifying institutions are still introducing in the work world health professionals, including physiotherapists, who are unaware of or don't care about the political participation of the course in the Health Reform processes and its integration in programs related to basic healthcare, making it clear that the participation of institutions in this process can and should be rethought.

The research also has strategic importance in the current historical moment, when national Physiotherapy and other courses have earned the right to expand the range of services offered to basic care users, under the guidance of Ordinance No. 154, dated March 04 2008, which established the Family Health Support Center (FHSCs), allowing for the interdisciplinarity in the Family Health Strategywork process to gain more momentum¹.

The FHSCs Ordinance was implemented to extrapolate the limits of specificity of care lines and to provide integral, fair and universal care. Its guidelines point to a shared care, with interdisciplinary interventions and common actions in the territories covered by the Family Health Strategy. In addition, the FHSC professionals also need to be able to develop their core specific interventions, further enhancing the range of offers in the basic care services.

Given the aforementioned and in the quest for positive changes in Physiotherapy graduation in the municipality of João Pessoa, this research aimed to understand the physiotherapist qualifying process, as well as the professional practice in the basic healthcare services.

Thus, we identified the placement of students and teachers of the Supervised Curricular Traineeships for the Physiotherapy undergraduate courses conducted in the basic care in João Pessoa in order to analyze the impacts of the FHSC Ordinances on reorientation of physiotherapist training. In addition, we also observed the placement of five District Health managers on the insertion of physiotherapists in the Family Health Strategy, as well as the placement of professional

FHSCs physiotherapists on the skills that are required in the primary healthcare services.

2 METHODS

This research sought to understand the physiotherapist training process from the methodological bases that make up the teaching plans of Supervised Traineeships carried out in the basic healthcare in João Pessoa. For guidance we used the information stated in the FHSC Ordinances in order to check if the physiotherapist work process in the Family Health Strategy meets the assumptions and guidelines of the alleged legislation.

Therefore, we conducted an exploratory, descriptive and inferential study, developed from quantitative approaches - hypothesis testing, in order to characterize the Physiotherapy course training process in João Pessoa and pointed out the detachments between the under graduate studies and what is acquired in the basic care services.

From the hypothesis testing, it was possible to make inferences on the studied population from sampling designs, that essentially comprised a decision rule used to reject or not, a particular assumption on the problem related to specific populations².

In this research, it was considered that one hypothesis would be a statement on a property of the population. To test this statement, in order to define its validity, we defined a reference value for the population parameter of interest (such as proportion, mean value or standard deviation), thus, establishing a statement, called the *null hypothesis* (H_0). The *alternative hypothesis* (H_1), therefore, was the assertion that contradicted H_0 . Thus, together, the null and alternative hypotheses covered all possible values of the population parameter of interest and, consequently, one of the two statements was true³.

Through the application of statistical methods it was possible to transform complex sets in simpler representations in order to verify possible relations, which allowed the “translation” of certain phenomena in a more accessible and reliable language.

The relevance of applying hypothesis testing is highlighted for understanding the phenomena, observable under different aspects, relevant to the Collective Health field, enabling well-structured analyses that provide the decision-required knowledge⁴.

Given this fact, this study was conducted in two concurrent and interrelated steps: one within higher education institutions scope, and another in the insertion of the final Physiotherapy training product in the health services.

At the time of the empirical material collection in 2012, under the higher-level education scope, João Pessoa had a total of eight higher education institutions, among which four were offering the course of Physiotherapy: Universidade Federal da Paraíba (UFPB), Centro Universitário de João

Pessoa (UNIPÊ), Faculdade de Ciências Médicas da Paraíba (FCM/PB) and Associação Paraibana de Ensino Renovado (ASPER).

Chart 1 Data on Physiotherapy courses in João Pessoa/PB.

IES	Start-up of the course	Legal base for operation with MEC	Total No. of teachers	Total No. of students
UEPB	1980	Ordinance No. 872, November 05, 1985.	37	300
UNIPÊ	1997	Ordinance No. 2.002/01, September 12, 2001.	62	300
FCM	2002	Ordinance No. 2.888/02, October 11, 2002.	56	255
ASPER	1995	Ordinance No. 4.050/02, December 30, 2002.	43	250

Under the Health Districts scope of João Pessoa, we noted the following distribution of managers and professional FHSCs physiotherapists:

Chart 2 Data relating to Health Districts in Joao Pessoa/PB.

Health District	No. of directors in managing collegiate	No. of FHSCs physiotherapists
I	3	4
II	4	4
III	4	8
IV	4	3
V	3	5
TOTAL	18	25

We also questioned the graduating time for each FHSC physiotherapist, since this is a feature directly related to health working process. In addition, graduation time also indicates that curricular structure to which the physiotherapist has undergone during its training, considering the advent of the National Curricular Guidelines for the course of Physiotherapy, from 2002.

Chart 3 indicates the graduation time of FHSCs physiotherapists in João Pessoa, by Health District, according to the following time intervals: 1-5 years of graduation; 6-10 years of graduation; and 11-15 years of graduation.

Chart 3 Graduation time of physiotherapists for each Health District.

Health District	Time of graduation (years)		
	1 – 5	6 – 10	11 – 15
I	3	1	-
II	4	-	-
III	7	1	-
IV	1	2	1
V	4	1	-
TOTAL	19	5	1

The above table shows that nineteen physiotherapists (76%) have a graduation time of less than six years, i.e., all graduated after the advent of the National Curricular Guidelines, in 2002 and, certainly, experienced concrete experiments planned for the new professional profile in the context of the basic healthcare.

In short, this research's subjects were students and teachers in the last periods of the Physiotherapy course of the higher education institutions offering this degree in João Pessoa, as well as FHSCs physiotherapists and managers of each Health District in the health service scope.

The research started up after approval by the Research Ethics Committee of the University Hospital Lauro Wanderley (HULW/UFPB), fulfilling the formal requirements laid out in the Resolution 196/96, of the National Council of Health/Ministry of Health, ruling on researches involving human beings.

Quantitative analysis of the data obtained through the questionnaires was performed through the R software, available at the website www.r-project.org, in its version 2.9. This instrument provides a wide variety of statistical techniques in data manipulation, calculation and graphical display. To better proceed in the R software, data were processed in the form of tables, in which the proportions of the desirable variables were studied, we also carried out parametric hypothesis testing as a method for decision making ².

In attention to the Free and Clarified Consent Form, the names of the institutions under research were replaced by colors: white, red, green and blue.

3. RESULTS AND DISCUSSION

Considering the relevant profile of teachers in the investigated Physiotherapy courses, we questioned the time of graduation of each of them, as well as the occurrence or not of prior preparation for the professorship, as described in Table 1.

Table 1. Number of teachers and students of supervised curricular internship in the basic care in each higher education institution (HEI).

IES	Teacher graduation time					Previous preparation for teaching		
	< 5a	5 – 10a	11 – 15a	16 – 20a	> 20a	Yes	No	Partial
White	-	1	1	-	1	1	1	1
Red	-	4	2	2	-	3	5	-
Green	4	4	1	-	-	-	6	3
Blue	-	5	-	1	-	2	3	1
TOTAL	4	14	4	3	1	6	15	5

According to the information disclosed in the Table 1, it was found that 15.38% of the interviewed teachers have a graduation time of less than five years; 53.85%, between five and ten years; 15.38%, between eleven and fifteen years; 11.54%, between sixteen and twenty years; and 3.85%, over 20 years.

The time of graduation variable may affect the quality of education offered to students, since that the teaching experience generally favors the educational practice in the teaching and learning processes. However, given the fact that Physiotherapy is a relatively new profession, with less than 40 years of regulation, it is common to have the low prevalence of teachers with more than fifteen years of graduation.

Table 1 also highlights a rather peculiar situation, since most interviewed teachers did not mention having gone through previous preparation for professorship. From the total of 26 teachers belonging to the traineeship in basic care, only 23.08% claimed to have been previously prepared for teaching in an educational institution in contrast to 57.69% which confirmed not having prior professorship training.

According to Bordenave and Pereira (2008), the teacher should give the students a chance to pass through experiences in different contexts, through previously planned teaching techniques, revealing thus their ability to organize activities in order to promote teaching and learning situations. Not being prepared for the professorship profession and, in particular, to the higher level professorship, as a rule, may compromise the teaching action and teaching learning process that, already provides for the practitioners in this area, numerous techniques and processes facilitating their labor⁵.

3.1 VARIABLES SELECTED FOR THE OF STATISTICAL ASSOCIATION TESTING

We listed the following variables through which it was possible to test the association between the different issues related to the teaching and learning process in Physiotherapy training in the scope of basic healthcare.

3.1.1 FHSCs Ordinance Approach in the training process in Physiotherapy

The analysis of this variable sought to verify how teachers and students interviewed in different educational institutions discuss the FHSCs Ordinance in the working universe of the physiotherapist in the basic care.

This Ordinance was designed to strengthen the Family Health Strategy, improving the quality and resolution state of the basic healthcare, being an important tool for professionals and users of SUS, enabling access to promotion and prevention services in health with guaranteed quality and efficiency.

Thus, when observing how the discussions on the basis of the FHSC Ordinances, one can analyze if during graduation, the Physiotherapy students already discuss their future skills that they will have to develop when inserted in the primary healthcare services.

To test the association between the responses of teachers and students we constructed the following hypotheses:

H₀: proportion of students who responded knowing the Ordinance **equal** to the population proportion of teachers who commented on the Ordinance during the supervised curricular internship.

H₁: proportion of students who responded knowing the Ordinance **different** from the population proportion of teachers who commented on the Ordinance during the supervised curricular internship.

Table 6 shows the hypotheses tested with their respective p-values found, as well as the sampling ratio, as a percentage, of the students that mentioned having discussed the FHSC Ordinances during the supervised internship in the basic care.

Table 2. Presentation of the tested hypotheses according to the FHSC Ordinances according to the Physiotherapy training process approach.

IES	Sampling Ratio (%)	Hypotheses	p-value
WHITE	66.67	H ₀ : p = 0.9997 H ₁ : p ≠ 0.9997	< 2.2e-16
RED	20.00	H ₀ : p = 0.875 H ₁ : p ≠ 0.875	< 2.2e-16
GREEN	46.15	H ₀ : p = 0.111 H ₁ : p ≠ 0.111	1.895e-11
BLUE	42.50	H ₀ : p = 0.333 H ₁ : p ≠ 0.333	0.286

From the application of the hypothesis testing for proportion, Table 2 data analysis revealed that White, Red and Green institutions had their null hypotheses rejected for being found a p-Value less than the significance level ($p\text{-value} < 0.05$). This indicates that in these institutions, there is a difference between the proportion of teachers who said commenting on the Ordinance and the proportion of students who responded having the Ordinance discussed during the supervised internship in the basic care services.

This difference signalizes a negative detachment between what teachers teach and what students learn, pointing out to probable gaps in the methodological approaches used for this theme in these institutions.

However, unlike the White, Red and Green institutions, the Blue institution did not provide statistical evidence to reject H_0 . This indicates that in this institution the proportion of students who responded knowing the FHSC Ordinances is approximately equal to the proportion of teachers who reported commenting on this issue during the curricular internship in the basic care scope. This shows a positive approach between what teachers explain and what do the students understand, pointing out to the use of a methodological approach able to contextualize theory and practice in the internship field.

Thus, the graduates from the Physiotherapy course of Blue institution, compared to the other institutions, have a better understanding on the insertion of the physiotherapist in the Family Health Strategy, an important characteristic for the physiotherapy professional's future who wishes to act in the Public Health field.

In addition, by presenting this negative detachment between teachers and students, it was noted that the White, Red and Green institutions, corroborate Meyer claiming; Costa and Art (2006), considered that the structure, teaching methodology and curricular organization of physiotherapy courses are not yet based on the social demands and on public health policies, existing little involvement of students and teachers with institutional and governmental policies ⁶.

Promoting the discussion on the FHSC Ordinances during Physiotherapy student training in basic care services means to encourage the production of knowledge in act, through experiences and interventions that incorporate the expanded concept of health in the conduct of these future professionals. In addition, when the physiotherapists want to act in the basic care, they should understand that they can perform prevention conducts for health injuries, and should not feel hostage to strictly curative and therapeutic rehabilitation.

Another important information, observed through the sampling proportions in Table 2, is the significant disparity found in the Red institution, where only 20% of students responded knowing the FHSC Ordinances, contradictory to the 87.5% of the teachers that stated discussing the Ordinance during the internship. This data is very important because it points out a considerable

methodological inconsistency in the teaching-learning process in that institution, revealing that the procedures and remedies adopted by the teachers during the internship are uncommitted with the reality of the basic care, and this compromises the training of physiotherapists graduating from this training, completing the internship in the Family Health Strategy, without the proper understanding of the FHSC guidelines.

According to Silva and Da Ros (2007), in order to leverage activities in this context, health professionals must be well prepared and informed about health policies and particularly on SUS. Note that undergraduate courses in Physiotherapy show contradictions between what teachers teach and what students learn on a very relevant topic such as the approached through debates and discussions of the FHSC Ordinances, pointing out the detachment between the proposed by the advent of the National Curricular Guidelines for Physiotherapy Courses, from 2002, and what is happening on methodological approaches adopted in certain institutions⁷.

This suggests the need to re-evaluate the curricular structure of educational institutions for a better use and taking advantage from the pedagogical tools available in the specialized literature, as well as, the transfer of information linked to the FHSC in basic care and guidelines.

3.1.2 Health care level in which the physiotherapists prepare better along the training

This variable allowed to understand how training in physical therapy is done, according to the levels of healthcare. When asking “In your opinion, to what level of healthcare the physiotherapists prepare better along their training?” it was possible to see if the curricular structures of Physiotherapy courses in the different institutions surveyed are being guided by what ground the National Curricular Guidelines, i.e., whether the reorientation of training is in accordance with the social reality of the country.

Table 3 shows the simple proportions of the responses for all teachers and students according to the level of healthcare for which the physiotherapists prepare better along the training.

Table 3. Simple proportions of teachers and students, according to the choice of the care level to which the physiotherapists prepare better along the training.

Car level	Students (%)	Teachers (%)
Primary	16.08	26.92
Secondary	45.46	42.31
Tertiary	38.46	30.77
Total	100.00	100.00

In Table 3 it was observed that the primary healthcare level was the least quoted to be an action field in which the physiotherapists should be inserted after their training.

This signalizes that the Physiotherapy courses in João Pessoa, in general, do not properly focus throughout the training process in the contexts and demands of the basic care, evidencing that the teaching-learning process in these institutions does not partially include, or encompass, the contents related to the achievements of the Health Reform and SUS principles and guidelines.

Given this, we sought to investigate the occurrence of a significant statistical association in order to see if the physiotherapists prepare better along their training for the primary level, and the following assumptions were made:

H₀: proportion of students who responded being more prepared for the primary level along the training **equal** to the population proportion teachers who responded that they prepare better their students for the primary level.

H₁: proportion of students who responded being more prepared for the primary level along the training **different** to the population proportion teachers who responded that they prepare better their students for the primary level.

Table 4. Presentation of hypotheses tested according to the choice of the primary healthcare level as the one for which the physiotherapist prepares better along training.

IES	Sampling Population (%)	Hypotheses	p-value
WHITE	4.17	H ₀ : p = 0.333 H ₁ : p ≠ 0.333	0.004888
RED	10.00	H ₀ : p = 0.25 H ₁ : p ≠ 0.25	0.04461
GREEN	15.00	H ₀ : p = 0.333 H ₁ : p ≠ 0.333	0.02213
BLUE	30.77	H ₀ : p = 0.222 H ₁ : p ≠ 0.222	0.2735

The hypothesis testing revealed that only the Blue institution did not have its null hypothesis rejected, since that the p-value found was greater than the significance level (p-value > 0.05). This indicates that the proportion of students who feel that they are better prepared, along the training, for the primary level is equal to the proportion of teachers who claimed conducting the teaching-learning process in accordance with the primary care parameters, which signalizes an approximation between what teachers and students in this institution understand.

However, in other institutions it was found that the proportion of students who responded prepare better for the primary level is less than the population proportion of teachers, what can point out to a detachment between what teachers and students state, revealing different interpretations with regard to knowledge constructed in the basic care scope.

In these institutions, while the teachers consider that, during training, they prepared better their students for the primary level, those, in their turn, pointed out that the knowledge learned throughout the course is not consistent with the basic care requirements

This is a picture that signalizes urgency in conducting an accurate assessment on how graduation is developing in these institutions, since that the training in Physiotherapy cannot follow on boosting repressed training models, that encourage the fragmentation of education in increasingly specific and isolated contents.

In this context, Pereira (2003) and Gil (2010) assert that the actions in the basic care framework not only require the use of clinical reasoning, diagnosis, prescription of care and evaluation of the established therapeutics, primordial prerequisites for the physiotherapist in the secondary and tertiary healthcare levels. To act on the primary level of care one requires interventions directed for promoting and maintaining quality of life, interfering in the production mode of care in the basic care ⁸⁻⁹.

In this way, the methodological approaches used by teachers during the internship in basic care should excel by using pedagogical activities inserted into the socio-economic reality of health service users, since that these scopes represent the field of practice in which the physiotherapy students, during their training, will understand the real value of their assignments on primary healthcare.

3.1.3 Workload of Supervised Curricular Internship in the Basic Care

The knowledge on the duration of the supervised internship showed the disparity that exists between students and teachers about the workload for Physiotherapy courses being enough, or not, in the Basic Care scopes between the four analyzed institutions.

This variable enabled to discover what the students and teachers of the four educational surveyed institutions consider about the workload duration of supervised curricular internship in the primary care areas. Thus, it was possible to analyze how the credits are distributed per credit-hour class for the internships in the Family Health Strategy during the training of physiotherapists in João Pessoa.

Table 5 shows the simple proportions of responses from teachers and students about the sufficiency of the Supervised Curricular Internship in the basic care scope.

Table 5. Simple proportions of responses from teachers and students about the sufficiency of the Supervised Curricular Internship in the basic care scope.

Internship Workload	Students (%)	Teachers (%)
Sufficient	66.43	38.47
Insufficient	33.57	61.53
Total	100.00	100.00

The analysis of this table clarifies a considerable disparity between what the students and teachers consider about the duration of the supervised curricular internship, noting that, in general, the students consider the duration of the internship sufficient, while the teachers deem it to be insufficient.

The following hypotheses were formulated for association testing:

H₀: proportion of students who answered being sufficient the internship time **equal** to the proportion of teachers who responded being the internship workload sufficient.

H₁: proportion of students who answered being sufficient the internship time different from the population proportion of teachers who responded the internship workload was sufficient.

Table 6. Presentation of tested hypotheses according to workload of supervised curricular internship in the basic healthcare.

IES	Sampling Population (%)	Hypotheses	p-value
WHITE	70.83	H ₀ : p = 0.333 H ₁ : p ≠ 0.333	0.0002
RED	65.00	H ₀ : p = 0.5 H ₁ : p ≠ 0.5	0.08199
GREEN	64.10	H ₀ : p = 0.222 H ₁ : p ≠ 0.222	1.035e-09
BLUE	67.5	H ₀ : p = 0.5 H ₁ : p ≠ 0.5	0.02497

The testing revealed that only the Red institution did not have its null hypothesis rejected, since that the p-value found was greater than the significance level (p-value > 0.05). This indicates that, in this institution, the proportion of students who answered that the internship workload was sufficient

is equal to the proportion of teachers who responded the same.

It can be confirmed that, at the Red institution, there is an approximation between what teachers and students consider about the duration of the internship in the basic care scope, meaning that the activities planned to be performed during the internship are carried out according to the planning. However, it is worth pointing out that the Red institution is the one that has less workload for the internship in Family Health units, which ends up compromising the practical activities of the students within a SUS-dependent community.

On the other hand, in the White, Green and Blue institutions the variable at issue showed significant differences between the responses of teachers and students, signaling a detachment between what they consider about the internship workload duration in the basic care. This signals that the teachers in the White, Green and Blue institutions do not consider the internship workload being adequate with the programmatic content fulfillment proposed in the discipline's teaching plan.

These results corroborate with Schwingel (2002) when he asserts that physiotherapy academic body shows little interest in the social field disciplines, such as Sociology, Anthropology, Public Health, Preventive Physiotherapy, to the disadvantage of exclusively technical disciplines, such as Orthopedics, Neurology, Pulmonology, and that in the absence of the social debate and analysis of the reality, one loses an important portion of the training ¹⁰.

This confirms what has already been found above, in the variable "healthcare level more suitable for the physiotherapist to insert after the training". In the analysis of this variable, the students responded that they feel more prepared to act in the primary healthcare level after their training. Thus, we perceive that the curricular traineeships in the basic care in João Pessoa, although being considered with insufficient workload on the part of teachers, manage to raise the awareness of the physiotherapy students on performing their professional activities in the primary healthcare level.

3.1.4 Training of physiotherapist according to the requirements of the primary healthcare level

This variable enabled to verify if FHSC physiotherapists and the directors of the five Health Districts of João Pessoa consider the training that the physiotherapy professional receives during graduation, as suited to the demands of the basic healthcare network services.

Table 7 shows the simple proportion of the FHSC directors and physiotherapists responses from the five Health Districts on the compatibility of physiotherapist training in relation to the basic

healthcare requirements.

Table 7. Simple proportion of directors and physiotherapists responses on the compatibility of physiotherapist training in relation to the basic healthcare requirements.

Physiotherapist training in relation to the requirements of the basic care	Directors (%)	Physiotherapists (%)
Compatible	-	24.00
Incompatible	50.00	24.00
In part	50.00	52.00
Total	100.00	100.00

It was possible to evidence that both the directors of the Health District as well as FHSC physiotherapists do not consider the training of the physiotherapist compatible with the basic healthcare requirements.

To verify the occurrence of association with statistical significance between the directors and physiotherapists who responded on the variable at issue, the following assumptions were made:

H₀: proportion of physiotherapists who responded being the internship compatible with the basic healthcare requirements **equal** to the population proportion of district directors who responded being the internship compatible with basic healthcare requirements.

H₁: proportion of physiotherapists who responded being the internship compatible with the basic healthcare requirements **different** from the population proportion of district directors who responded being the internship compatible with basic healthcare requirements.

Table 8. Presentation of tested hypotheses according to the compatibility of the physiotherapist training in relation to the basic healthcare requirements.

Health District	Sampling Population (%)	Hypotheses	p-value
I	25.00	$H_0: p = 0.0003$ $H_1: p \neq 0.0003$	$< 2.2e-16$
II	25.00	$H_0: p = 0.0003$ $H_1: p \neq 0.0003$	$< 2.2e-16$
III	12.50	$H_0: p = 0.0003$ $H_1: p \neq 0.0003$	$< 2.2e-16$
IV	25.00	$H_0: p = 0.0003$ $H_1: p \neq 0.0003$	$< 2.2e-16$
V	40.00	$H_0: p = 0.0003$ $H_1: p \neq 0.0003$	$< 2.2e-16$

According to this analysis, it appears that in all Health Districts in João Pessoa the proportion of physiotherapists who responded being their internship compatible with the basic healthcare requirements is different from the population proportion of directors deemed being the training consistent with the basic healthcare requirements.

These results show that the directors of the Health Districts do not consider that the training that the physiotherapist receives is adequate to the basic healthcare requirements. In addition, we also verified a low proportion of physiotherapists who deemed having received sufficient information during graduation to perform their activities in the basic care.

These data are in agreement with the findings of Meyer, Costa and Art (2006), indicating the use of “curriculum of diseases” as unfit for the trans-disciplinary health professional training. And also with the study carried out by Silva and Da Ros (2007), who argue that the role of the physiotherapist in the Family Health Strategy is still based on the harms to health, having, therefore, a need to broaden the experiences carried out in the supervised traineeships in the basic care, preparing the future physical therapist to work in support of health promotion, increasing the practice of care completeness⁶⁻⁷.

Bishop Júnior (2009) states that physiotherapy chose to direct its activities to the supplementary system of assistance, and that health plans and health insurances were necessary prerequisites for access to physiotherapy services. He also refers that physiotherapy has become elitist, the access of the users of the public system has become more difficult and the quality of care in the primary healthcare level did not follow the evolution of the private system¹¹.

In this regard, it is noteworthy that Physiotherapy has established itself as a liberal profession, but this was not an actual option of physiotherapists, but rather a situation imposed by the capitalist economic model, where the dialectic *production/consumption* naturally installed in the labor relations turned out to model a technical profile of health professionals, especially the physiotherapist, that is still qualified to act only after the establishment of a personal illness in the subject's physical integrity ¹¹.

Thus, corroborating with the data of this research, there has been an inadequacy of the physiotherapist training to work in other scopes in the health sector, since that the inheritance of the rehabilitation profession character leads its workforce to increasingly specialized areas. It is necessary to reorient the pedagogical training of this professional nucleus so that the biomedical paradigm imposed in health is definitely dropped, giving rise to practices that prioritize the subjects in their social context, and not only their illness in isolation.

The physiotherapists need to recognize their participation in the basic care in addition to the curative and rehabilitative actions. To this end, the training should be based on methodological tools that contextualize the contents relevant to the primary healthcare level in accordance with the reality of people who use public services to achieve a better quality of life given their physical and social needs. In addition, the basic care needs to get professionals sufficiently tuned in order to develop therapeutic projects beyond the may exceed the merely technical implementation and isolated of disjointed actions with the integral care established in the menu of basic health services.

4 CONCLUSION

Seeking to understand how the training of Physiotherapy professionals is being structured in the educational institutions that offer this course in João Pessoa/PB and how the insertion of the physiotherapist is carried out with the Nucleus of Support for Family Health (FHSC) in the basic care of this municipality, this research pointed out important detachments between the training process and the professional practice of this health segment in the work processes in the Family Health Strategy.

The analysis of the empirical material made possible to recognize the physiotherapist qualificative process possibly as incongruous to the working process of this professional in the Family Health Strategy, in addition to pointing out to a detachment of the intentionality of the qualificative process for the tasks envisaged for the physiotherapist in the Nucleus of Support for Family Health (FHSC), taken as a great empirical category of this study.

Considering the reports from students and teachers, it was possible to verify that all Supervised Curricular Internships of the Physiotherapy course carried out in the Family Health Strategy

feature pedagogical elements that are in line with traditional approaches, focusing on assistance work and that do not drive forward the reorientation of physiotherapist education, giving priority to the acquisition of information, with educational purposes that conform to the logical sequence of contents. It can be concluded that the teaching, in this respect, does not care about reflective thought's training, hindering the understanding that the future Physiotherapy professionals must have about their duties in the Nucleus of Support for Family Health (FHSCs).

Therefore, this research enabled us to identify that the training process in Physiotherapy reveals inconsistencies in the physiotherapist training. In addition, it enables us to understand that the physiotherapist in the Nucleus of Support for Family Health (FHSCs) of each Health District takes place in accordance with the guidelines laid down by Ordinance GM/MS No. 154/2008, indicating the need to carry out adjustments and redirections in the training processes and use of workforce in Physiotherapy.

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