



15 years of the Professional Master's Degree in Nursing Care: challenges and reflections

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The Professional Master's Degree Program in Nursing Care (MPEA) was created in 2002, approved in March 2003 by the University Council, and recognized by CAPES in December 2003. The MPEA Program was the first postgraduate course of the Aurora de Afonso Costa Nursing School of the Fluminense Federal University (EAAAC / UFF) and the first Professional Master Nursing Course in Brazil. Thus, the Program has traditionally been at the forefront of training professionals with the highest technical and scientific competence, always safeguarding the necessary close relationships between universities and professional practice.

In this important historical trajectory, it is important to highlight the visionary relevance of Prof. Isabel Cristina Fonseca da Cruz, the first Program Coordinator (2004 to 2009) in the Professional Master's Degree, who envisaged the opportunity to close the gaps between theoretical and practical knowledge, and provide opportunities for changes in nursing practice and provide social impact. However, over these 15 years, challenges still occur regarding the real differentiation of professional masters of academic education, i.e., the classic master in Brazil. Some reiterate that they are the technical products developed - Product. However, several dis-

sertations and theses of academic programs develop products, is this a real distinction? Or is it the application of a product developed in a practice setting? Or even vocational training for consumption and the adoption of evidence-based practices?

In addition to these questions, another important one arises: Should the professional master's curriculum focus on constructing a master's dissertation? Or testing a "new" working method? Or the results of a "new" nursing intervention for society? Or even the training of a professional with practical, technical and scientific competence? We still face the tradition of dissertation defenses in professional master's degree programs, with evaluating professors trained in academic programs who do not yet understand the difference between the programs. There are also students who seek professional masters for their own interest, and the company, whether public or private, has no interest in training this professional, and changes the workplace of this professional in the midst of the work. Another challenge to face is the evaluating system of Professional Masters Courses based on the strength of bibliographic and technical production and not on its consumption in practice, i.e., the transformation of practice through the implementation of research. Perhaps this is the case because of the tradition of academic programs and the importation of their criteria into the professional. However, if the distinction between programs is understood, it would be clear that the main criterion for evaluating professional programs is the SOCIAL IMPACT, i.e., has this professional advanced in the ability to assist/care /educate individuals, families and the community?

For this reason, the close connection of vocational training with advanced nursing practice, defined by the International Council of Nursing as "a professional with specialized knowledge, with complex decision-making skills and clinical skills for expanded practice, characteristics shaped by the context of the country in which he is registered. A master's degree is recommended for the initial level." Vocational training should be indicated from undergraduate level, i.e., what should be taught at each level of the training process (nursing technicians, undergraduate, specialists, masters, doctors), should match what each level would be allowed to undertake, given the context of action. With this, different work and patient complexities would be defined and the requirement for professional masters training would be clearer. For example, undergraduate students are presented with scenarios, choose a an area, specialize in residence or *latu sensu* (oncology), and these could be admitted to the specialty that they graduated in, the professional master (palliative care), professional doctorate (management of quality indicators in palliative care), minimum professional experience would be required at each level and they would be rewarded for the qualifications required for the position/activity. And is it still possible to guide the discussion of the time of a permit for the exercise of a nursing action? Is it necessary to update the nursing permit nurse that prove the updates in the area?

Therefore, MPEA's historical trajectory in the implementation of the Professional Programs and its 15 years of experience in the vocational training modality are surrounded by challenges and reflections. However,

it is strongly believed that training in this modality is the future for the much-needed improvement in the quality of health care in our country and therefore deserves the deepest reflection and distinction of academic programs so that it truly demonstrates its role in Brazilian society.

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