



## PERMANENT EDUCATION IN PRIMARY HEALTH CARE MANAGEMENT IN THE BRAZILIAN PUBLIC HEALTH SYSTEM

### A EDUCAÇÃO PERMANENTE NA GESTÃO DA ATENÇÃO PRIMÁRIA DE SAÚDE NO SISTEMA ÚNICO DE SAÚDE

### LA EDUCACIÓN PERMANENTE EN LA GESTIÓN DE LA ATENCIÓN PRIMARIA DE SALUD EN EL SISTEMA ÚNICO DE SALUD

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#### ABSTRACT

**Objective:** reporting experiences of nursing students in the permanent education process for professionals working in the management of Primary Health Care in the Brazilian Public Health System. **Method:** this is a descriptive study conducted in the city of Juiz de Fora, about the experience in an extension project, which was developed in three phases: presentation of the project to professionals, survey of the training/update needs and implementation of educational activities. **Result:** eight professionals participated in the activities developed. Topics included teamwork, work process management and management in primary health care, interpersonal relationships, communication and professional valuation. **Conclusion:** the development of permanent education in this service allowed professionals to evaluate individual and collective work process of primary health care management. For academicians, it contributed to future professional life by enabling awareness of the importance of permanent learning as a tool to assist in evaluating the work process. **Descriptors:** Primary Health Care; Permanent Education; Nursing; Education; Staff Development.

#### RESUMO

**Objetivo:** relatar vivências de acadêmicas de enfermagem no processo de educação permanente dos profissionais que atuam na gestão da Atenção Primária à Saúde do Sistema Único de Saúde. **Método:** estudo descritivo, realizado no município de Juiz de Fora, sobre a experiência em um projeto de extensão. Este foi desenvolvido em três fases: apresentação do projeto aos profissionais, levantamento das necessidades de capacitação/atualização e execução das atividades educativas. **Resultado:** oito profissionais participaram das atividades desenvolvidas. Os temas abordados foram trabalho em equipe, processo de trabalho, gestão e gerência em atenção primária à saúde, relacionamento interpessoal, comunicação e valorização profissional. **Conclusão:** o desenvolvimento da educação permanente no serviço permitiu aos profissionais a avaliação do processo de trabalho individual e coletivo da gestão da APS. Para as acadêmicas contribuiu para futura vida profissional permitindo sensibilização para a importância da educação permanente como ferramenta que contribuirá para a avaliação do processo de trabalho. **Descritores:** Atenção Primária à Saúde; Educação Permanente; Enfermagem; Educação; Desenvolvimento de Pessoal.

#### RESUMEN

**Objetivo:** relatar experiencias de académicas de enfermería en el proceso de educación permanente de los profesionales que actúan en la gestión de la Atención Primaria a la Salud del Sistema Único de Salud. **Método:** estudio descriptivo, realizado en el municipio de Juiz de Fora, sobre la experiencia en un proyecto de extensión. Este fue desarrollado en tres fases: presentación del proyecto a los profesionales, levantamiento de las necesidades de capacitación/actualización y ejecución de las actividades educativas. **Resultado:** ocho profesionales participaron de las actividades desarrolladas. Los temas abordados fueron trabajo en equipo, proceso de trabajo, gestión y gerencia en atención primaria a la salud, relacionamiento interpersonal, comunicación y valorización profesional. **Conclusión:** el desarrollo de la educación permanente en el servicio permitió a los profesionales la evaluación del proceso de trabajo individual y colectivo de la gestión de APS. Para las académicas contribuyó para futura vida profesional permitiendo sensibilización para la importancia de la educación permanente como herramienta que contribuirá para la evaluación del proceso de trabajo. **Descritores:** Atención Primaria a la Salud; Educación Permanente; Enfermería; Educación; Desarrollo de Personal.

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## INTRODUCTION

The Brazilian Ministry of Education and Culture (MEC), in 2001, through the curriculum guidelines for health care courses, demonstrated sensitivity to propose and discuss the need to train future professionals in the field of health so that they could be competent and qualified to work in the Brazilian Public Health System (SUS in Portuguese).<sup>1</sup> One of the competencies suggested by the guidelines is the need to promote continuing education for health professionals. The permanent health education (PHE) is considered an essential part of a policy of training and development of workers for SUS qualification.

In 2003 the Resolution of the National Health Council (CNS) No. 335 was published approving the "Policy of Education and Development for the SUS: Pathways for Permanent Education in Health" which is supported by the principles and guidelines of SUS and was proposed to implement processes that may impact in education, health care management, care practices and in social control in health, and it was called the four-square model of permanent education.<sup>2</sup> In this resolution, the SUS is presented as born interlocutor of educational institutions in the formulation and implementation of political-pedagogical projects of professional training, and not as a mere place of practical learning.<sup>3</sup>

This proposal aims to build and organize an education responsible for interactive processes that act in reality to make changes, open and enable ways for negotiation and implementation of processes, identifying new interactive scenarios of knowledge and inventions, where individuals, groups and institutions can articulate, build and develop education responsibly.<sup>2</sup>

In February 2004, the Ministry of Health (MS) published Ordinance 198, which deals with the National Policy of Permanent Education in Health (PNEPS) as SUS strategy for training and development of workers to this sector.<sup>4</sup> In 2007, by Ordinance MS/GM No. 1,996, of August 20, the MS propels health education management in order to provide the appropriate legislative basis for the organization of the processes in the different management levels.

This Ordinance proposes that PNEPS consider the specifics and the overcoming of regional inequalities, the training and development needs of health work and the already existing capacity of institutional offer of formal health education activities. The PNEPS suggests that the training and

development of SUS workers are able to contribute to the necessary transformation of the educational processes and of educational and health practices, also covering the organization of services.<sup>5</sup> It is observed, therefore, the importance of integrating teaching, service, management and social control for effective changes in health policy.

The Department of Management of Labor and Education in Health (SGTES), as a way to implement the PHE management, proposes it to be: aimed at multi-professional public; aimed at transformation of technical and social practices; aimed at the work of professionals in the everyday problems of the health teams practices; inserted in an institutionalized way in the work process, so it can generate commitment between workers, managers, educational institutions and users for institutional and individual development. As for the teaching-learning methodologies, it is suggested that they are focused on problem solving and that permanent learning is preferably performed in the work environment.<sup>6</sup>

As for higher education, the SGTES, among other proposals, recommends that it must seek the professional development and continuing education of health workers.<sup>6</sup> Some programs (for example, *Pro-Saúde and Pet-Saúde*) were implemented to stimulate the approach of future health care professionals with the SUS professionals through the insertion of academicians in the services.

In addition to continuing education, the SGTES, through the Department of Management and Labor Regulation in Health (DEGERTS), develops this policy recognizing the worker as subject and transforming agent of their environment, rescuing the effectiveness and efficiency in the SUS. To do so, it presupposes the guarantee of basic requirements for the valuation of the health worker and their work, such as career planning, job positions and salary; working ties with social protection; forums for discussion of health working relationships with local committees and permanent negotiation tables on working conditions; training and permanent education of workers; humanization of work quality.<sup>6</sup>

Considering the Permanent Education policy for the SUS and the training of health professionals, the extension project "Permanent/Continuing Education in the management of Primary Health Care of Juiz de Fora Health System" of the Nursing School of Federal University of Juiz de Fora (FACENF/UFJF) was created in 2011, through the Department of Basic Nursing (DEBA). This

project was integrated into the Department of Health of Juiz de Fora (SS/JF) through the Secretariat of Primary Health Care (SS/PHC). This proposal met the established policy by teaching-service integration, contributing to the institution and the individuals involved in the project.

The motivation for the realization of the project was the urgent need to train nursing professionals committed to permanent/continuing education. Nursing has in its curriculum subjects that discuss and contribute to train future health care professionals with the ability to work in multidisciplinary teams of health services, to administer and/or manage the nursing service in the SUS and to participate in the permanent education of professionals in the health service.

The aim of the project was experiencing with the students of the nursing course of the Federal University of Juiz de Fora the permanent/continuing education process in SUS management, focusing on the scope of health education.

We sought to relate the national curriculum guidelines of the health courses with PNEPS and the SUS Management Pact, which proposes among other guidelines the permanent education of SUS workers. Thus, the project reiterates the role of education in contributing to the consolidation of SUS.

Thus, we established as the objective of this article reporting the experience of nursing students in permanent/continuing education process of professionals working in the management of Primary Health Care (PHC)

## METHOD

After the selection of student participants, we started the project with the development of activities in May 2011, and ended in April 2012. The subjects involved in the project were three nursing academicians, three professors of the Faculty of Nursing and eight management professionals of SS/PHC.

The project took place at the SS/PHC, where the meetings with professionals for permanent education were carried out. The students met with the professors coordinating the project in FACENF/UFJF for guidance and preparation for meetings. It is noteworthy that before starting the project activities in the SS/PHC, the professors discussed with the students the project proposal. The students identified the need for further development of permanent and continuing education, management in PHC, current health policy in order to expand the knowledge relevant to

the project and to contribute to the performance of the activities.

During the project, students researched scientific papers related to the topics to be discussed in permanent education. The databases used to survey references to the discussions were Scientific Electronic Library Online (SciELO), Google Scholar and Virtual Health Library (VHL). After obtaining articles on the subject to be discussed, academicians elaborated a guiding text highlighting key points. Later, they met with professors to discuss the topics and develop jointly the planning and organization of educational process to be presented at SS/PHC. The project was developed in three stages: presentation, survey the needs of professionals and operationalization of permanent/continuing education.

The first stage enabled the participants to know all the subjects involved in the project: professors, SS/PHC workers and academicians. Information relevant to the development of the project was discussed and participants sought to clarify its operation and the commitment established between the institutions. In addition, at this stage we presented the purpose, expected results, the methodology and the planned chronogram for the project.

The second stage was a survey with SS/PHC workers about the challenges they have experienced in the development of the work process, relating them to the needs of permanent/continuing education. This has provided professionals and academicians to be aware of the actual needs of the everyday of the service.

Finally, the last stage was the realization of permanent/continuing education meetings through discussions and reflections on key issues to the work process. These meetings were held once a month, always on Thursdays, lasting two hours. The dates have been set according to availability of the SS/PHC workers. During the activities, we addressed topics relevant to the reality of SS/PHC workers, having as main objective to contribute to the work process in PHC management.

## RESULT

The meetings prioritized discussion among participants in order to promote the exchange of knowledge on the subject, and also included dynamics and presentation of short videos to enrich and motivate discussions on the contents.

A total of seven meetings were held to

discuss the themes: 1) Project Presentation; 2) Work Process in Health; 3) Health Management; 4) Teamwork; 5) Communication and Interpersonal Relationships; 6) Professional Valuation; 7) Communication. All themes were discussed dynamically and aiming at collective construction of knowledge.

The first meeting was carried out with the professionals to get acquainted with the SS/PHC environment and to present the project and participants. We took the opportunity to rescue with the participants concepts, objectives and the importance of the Health Care Pact and SUS Management Pact; in-service education, permanent education and continuing education.

It was discussed that permanent education seeks solutions to the real problems of daily work, having the work process as the central axis of learning and emphasizing the human capacity to create new knowledge.<sup>7</sup> Permanent education has been continuously developed, recycling the ideals of health, the service and its organization in order to qualify the health care. With the (re) construction of work knowledge and through it, thus ensuring possible formulations of strategies and educational and management activities.<sup>8</sup>

Thus, continuing education arises from specific individual or health professional groups needs working in these services, as it is a benefit acquired by the individual himself, but on the other hand this benefit returns to the institution where the individual works in the form of "satisfaction, motivation, knowledge, higher productivity and optimization of services".<sup>9:10</sup>

The in-service education, in turn, guides professionals to develop their activity with emphasis on technical skills and to meet the interests of the institution, providing more trained professionals to develop part of the job.<sup>10</sup>

After leveling the concepts, we continued to select topics for the meetings from the demands presented by management professionals. It is noteworthy that the collective survey of the needs and realities of the service is critical to ensure that the educational activity reaches the objectives and provides transformation in the work process in order to improve it.<sup>11</sup>

The second meeting had the theme work process. It was created a dynamic presentation that articulated the knowledge of professionals in the service with the concepts and scientific syntheses developed by academicians.

We started the theme presentation by questioning the professionals about the meaning of work. Several points of view emerged stating that the work is a way of living in society, of modifying the environment and thus modifying oneself, of learning and a way to feel recognized, among others. From these ideas, the concept of work was discussed and we initiated the construction of a concept that encompassed the views of all in the group in order to generate a final definition that would identify the group. Then, we presented a video that showed employees of a company working in a fragmented way in order to increase production without knowledge of what would be produced. That video promoted reflection on the work process that occurs in SS/PHC environment. At this moment, it was opportune to ask participants whether the work developed in SS/PHC facilitated or hindered the quality and productivity of management. We concluded the meeting with the collective definition of health work, the challenges and strengths for the development of the work process and evaluation of the methodology used in the theme approach.

In the third meeting, we discussed the theme health management. We began the presentation with the dynamic "brainstorming", in which participants defined management using one or a few words. Each concept was discussed and clarifications of some essential points have been made. Management was characterized as a strategic position in the decision system, responsible for the formulation and implementation of health policies at the local level, and for coordinating, articulating, negotiating, planning, monitoring, controlling and evaluating with autonomy. Management is also seen as the administration of a body or health facility, being a position of leading, programming, control and evaluation of the actions, providing that activities are conducted in accordance with the interests of the community.<sup>12</sup> It was highlighted that it is an instance of power that enables change and guides the work process.<sup>13</sup>

The discussion emerged the fact that the functions of the SS/PHC professionals often get mixed in the management sector, depending on the activity performed.<sup>6</sup> Skills and abilities to be good managers were cited, such as creativity, ability to motivate, innovate, communicate; functions that fit for managers, such as regulation, control, evaluation, audit, carrying out contracts and agreements; and there was reflection on persistent difficulties in everyday life. The

theme was stimulating and there was participation of those present, since all discussions that were raised were part of the reality of work they developed.

Difficulties were discussed for a long time and from them we discussed ways to reduce them through modernization of the management process, horizontalising relations and creating greater autonomy to the labor process, by reducing bureaucracy and overload of activities, for example.

The fourth meeting addressed the topic teamwork. We started the discussion asking the group to divide into two and to answer the question: for you, what does teamwork mean? The answers were presented and consolidated, defining teamwork as a collective work mode, which sets the reciprocal relationship between technical interventions and the interaction of agents.

We presented a video that showed the occurrence of a fire in a company and how employees of this company behaved before this occurrence. This video was intended to raise debate about teamwork, as in it the fire was only stopped when all came together to put it out. Then, we discussed the two types of teamwork: group team, with performance of activities and gathering of people; and integration team, where there is interaction of actions and effective communication between subjects.<sup>14</sup> Teamwork in health is complex, because there is a production that is immaterial and that directly influences people's lives.<sup>15</sup>

At the end, the whole group restated that cooperation, flexibility, communication, motivation and sharing of actions are critical so that teamwork is carried out in practice, and that they also enhance the complexity of the work of the other. The theme was well understood by professionals, but they reported to be difficult to put it in practice due to the arrangement set up in the service, which generated enough participation and criticism on the current model of work of SS/PHC.

The theme communication and interpersonal relationship was the fifth to be debated. The issues are interrelated because they are interdependent. The sender/receiver interface suffers with noise that can lead to conflict. In contrast, the use of appropriate tools to the communication process can promote the reduction of conflicts and improve the exchange of information. It was held a group dynamics called: "Wireless Telephone". The aim was to report that everyone understands what is said according to their capacity of interpretation, and this

can lead to conflicts in the workplace. Some issues have emerged in the debate and were characterized as barriers in communication and interpersonal relationship: personal differences, poor communication, intolerance, lack of attention, discredit, noise in communication, disregard for opinions. Favorable factors were also highlighted, such as kindness, trust, empathy, valuing opinions, etc.

In closing the discussion, it was noted that unity, integration and coordination are needed for the progress of work, and for that, this theme is fundamental for reflecting in the work process.

Before ending this meeting, we proposed to carry out the dynamics "Guardian Angel", aiming at unity and maintaining the balance and good humor in the workplace. This dynamics has similar characteristics to the those of the "secret friend" dynamics. Instead of giving gifts, participants wrote notes that were read at the end of each day. We made a box to serve as drop box, so that professionals put daily motivational messages, advice and constructive criticism to co-workers without identifying themselves. The revelation of the angel only happened at the end of the project.

The sixth activity has the professional valuation as theme. We began the meeting with the guiding question for group discussion: what do you understand by professional valuation? After the answers, participants reflected how they perceived valuation in their work environment. This is an issue that concerns every human being, since it is an intrinsic need for all workers, as it develops distinct motivational impulses at different times, recognizing that these impulses directly affect their approach to work and their own lives.<sup>16</sup> At work, the valuation is essential so the professional is motivated and increase their productivity, competitiveness and competence.

It was discussed that it is a virtuous cycle, where effective work generates recognition and satisfaction among workers, which reflects in increased productivity. This action was the one that most generated debate and reflection; there was great interest because it was reported by the participants the lack of incentives and many dissatisfactions.

Valuation and motivation are demonstrated by maintaining good interpersonal relationships, good communication, guarantee of staff education and of good working conditions, including physical structure, adequacy of material resources and good salary to employees, as discussed in the

meeting. We used in this presentation a motivational video that stimulated the reflection of various everyday work situations that favor and impair motivation and appreciation, in a relaxed and riveting way. Workers could express the feelings generated before this video and discussed what is important for them to feel valued and motivated in their work. Because it is a public institution, feeling valued still generates a lot of discussion because it involves human resources policy: career planning, job positions and salary, performance evaluation, professional recognition, among others.

For the last meeting, the requested theme was communication, although it had been previously worked together with interpersonal relationships. Participants asked to emphasize the subject by relating it to existing noise in the communication within the workplace. Professionals have expressed the need for more theory, since communicating properly is a major component of a satisfactory working.

We discussed the definition of communication, which can be expressed through understanding, sharing of ideas, images and experiences. It was also presented the principles for good communication: clarity, consistency, opportunity and timeliness, adequacy, adaptation and uniformity, distribution, interest and acceptance.<sup>20</sup> This topic raised a lot of discussion, with great participation and building ideas to be implemented.

To stimulate reflection, we presented an excerpt of the book "The Servant - A Simple Story About the True Essence of Leadership"<sup>18</sup>, handling the task of listening. The discussed

excerpt pointed out that hearing takes effort, donation and empathy to understand the facts as they are reported by the transmitter, reducing noise and misinterpretations of messages by the receiver.

The barriers identified in the studies raised by academicians were presented. Professionals pointed out, however, the barriers they perceive in daily work, namely: resistance to change, the diversion of attention, resistance to hear, a lot of action over reflection and the inability to give and receive feedback.

The latter meeting also aimed to show participants what has been accomplished during the project and to end activities. We held a retrospective of all meetings, presenting the results. The difficulties found, the contributions and impressions of academicians on the implementation of the project were pointed. The dynamics "Guardian Angel" was completed revealing the angel of each participant, promoting moment of relaxation and fun.

At the end, a motivation message was read and souvenirs made by academicians with a Christmas card, by the proximity of the date, were handed over. We thanked the professionals for their efforts and dedication and for the great contribution in the development of project activities and for the experiences. The evaluation of the participants in each of the meetings and at the end of the activities was summarized in Figure 1.

Theme	Year 2011	Evaluation	Subjects
Presentation of extension project	5/5	They praised the project and the methodology used.	8
Work Process	5/26	They appreciated the presentation and mainly the approach used.	6
Management	6/30	They concluded that they managed to understand the issue involving management and appreciated the approach used in the development of the theme.	8
Team work	8/4	There were many compliments, because it is an important theme in the work process.	6
Communication and interpersonal relationship	8/25	Communication was a theme that received much emphasis due to the difficulty of making good communication and by frequent failures in the communication relevant to the service on a daily basis. It was requested further discussion, but with another approach.	5
Professional valuation	11/10	This theme was chosen as the best selected and worked because the lack of professional valuation in the public sector was remarkable as perceived by participants. The discussions were very rich and dynamics qualified the adopted methodology.	6
Communication and completion of work	12/15	They appreciated the work performed and concluded by praising teachers and academic participants.	7

Figure 1. Perception of PHC management professionals on the activities of permanent/continuing education developed in the extension project, 2011.

We appreciated the presence and commitment of all the participants in each of the meetings mentioned in the table above, however, it is important to mention that some moments were frustrating. As the project complicating factor we can mention the small number of participants. The chronogram of activities was presented at the first meeting and approved by the workers, but it had to be modified a few times due to external demands of the service. This brought difficulties in developing the project, and it was an obstacle to better use of this experience. Rescheduling dates and rearranging the chronogram was not easy due to other activities undertaken by academicians and also due to the activities of the SS/PHC professionals.

Another difficulty found was the unavailability of specific physical space, as there was not a room reserved for the meetings, which delayed the preparation process of the activities. Moreover, the key of the available room was often with other people. There was also delay of the workers themselves, because they had other activities to be carried out or were requested on time scheduled for the meeting of permanent/continuing education. Even during the actions, some workers had to leave because of the labor demand, sometimes having to solve urgent issues, which occurred outside the planning and that had to be solved, hindering the achievement of meetings scheduled.

It was noted that the professionals who requested the project in SS/PHC did not attend the meetings because they were attending other appointments. This, at times, left the academic discouraged, thinking they were not reaching the project objective and expectations of the workers involved. For this reason, we have continuously stressed the need of assessment to improve the following activities. Nevertheless, the evaluation was always positive, followed by apologies for absence and other issues mentioned above, justified by the great demand for labor and the need to meet emergency demands.

Another difficulty was the communication between professionals and other sectors of SS/PHC. Professionals quoted that often they were warned at the last minute about courses and other activities, as well as about problems to be solved quickly. We noticed in the meetings the lack of meetings between professionals to know about what the other was doing, that is, to know the whole process of work, coordination and integration. When these situations appeared in the meetings the academicians reflected and discussed about it

and professionals identified the need to discuss them. There was no integration, but a small connection between the sectors, or better said, a division of labor.

Despite the problems, there were also many factors that facilitated the development of the project, such as the reception from the SS/PHC workers to the project group, who received academicians and professors in a respectful and friendly manner. They rendered credibility, attention and respect to the project; their participation and discussions enriched the actions and opinions, contributing to the reflections and learning for academicians; their support in the organization of the activities at the time of preparing the room and materials to be used; as well as criticisms that were always constructive.

In the end, we could see that the development of the project contributed to the work process of the professionals that participated in the activities, as shown by their evaluation at the last meeting of the year 2011. For public health to be competent, it is required a creative professionals and in continuous process of knowledge construction.<sup>19</sup> The solutions to local problems in the permanent health education are the result of reflections and collective actions that aim to benefit both professionals and the people they serve and presuppose the transformation of health practices.<sup>20</sup>

## DISCUSSION

The University Extension enables integrating teaching and research to society, linking the university with various social groups, whether public or private.<sup>21</sup>

In this process, the academic community takes knowledge and/or assistance to the community and receives from it positive inflows, learning from the provision of services and with the knowledge about the real needs and aspirations of the population. Thus, there is an exchange of knowledge on a mutual contribution. This type of initiative helps to strengthen cooperation among workers and promotes a shared network of relationships and information, allowing close collaborations between professionals and students.<sup>19</sup>

Both the university extension and permanent education are update and training practices of education of health professionals. These practices are essential given the need to change the care model and the training process of SUS professionals since there is a big gap between training and needs of this

system. The curriculum guidelines to be implemented in the health area courses are time consuming and the health system does not wait, it advances. It is expected that changes in the curricula may be implemented faster so that they can follow the progress of health, especially in the context of primary care. It is clear that the SUS has made progress in implementing changes, faster than teaching.<sup>22</sup>

This gap, characterized by dissonance between SUS principles and the reality of the SUS professionals' profile, is generated by low pay, by requiring young and immature students to decide their careers very early and by the current higher education system.<sup>23</sup> There is a need to focus more on humanization and propose greater interdisciplinarity at the expense of specialization, seeking improvement in teamwork.

Permanent education, in this context, guides the new perspectives of management models, focusing on participatory management, decentralization of decisions and the strengthening of the working team, ensuring workers to participate in discussions, decision-making and frequent improvement of service. Faced with the need to innovate the management process and aware of the importance of learning, many organizations have given more importance to participatory/shared management as learning strategy.<sup>23</sup> Implementing PNEPS recommended by the Ministry of Health is a way to improve management and train professionals for the challenges of service.

There is a clear need for investment in professionals, who are the greatest assets of the organization, through training and continuous reflection on their work process in order to meet the individual and collective needs of workers and users of the health system.<sup>8,24</sup>

In the 1990s, with the advent of SUS, there was difficulty in developing and implementing changes and reformations in the proposed care model, given the financing and management aspects with reduced approach to health professionals. The health education process is considered a way of valuing professionals and causing changes in natural and social reality.<sup>11</sup>

It was noted that the realization of the permanent/continuing education project motivated professionals and was a way of recognizing the importance of team work. It is a fact that continuous investment in training and education of the workforce of public health organizations is important, as well as

the formulation of planning policies in order to evaluate such activities, measuring the impact on improving the performance of services.<sup>25</sup> Permanent education goes beyond the technical improvement, as it provides workers achieving autonomy, citizenship and rescuing their multidimensionality and it is a means of caring for professionals.<sup>11</sup>

It is noteworthy that the nurse has as responsibility and duty to perform professional development activities in accordance with the Code of Ethics for Nursing Professionals - COFEN Resolution No. 311/2007, as described in its Article 69: "encouraging, providing and creating conditions for technical and cultural training of nursing professionals under their guidance and supervision".<sup>26</sup> So, it is the nurse's responsibility to participate in educational processes in the institution as a whole or specifically in nursing service; in policies, projects and programs aimed at the development of health professionals.

## CONCLUSION

The participation in this project has been a very enriching experience for academic and personal life, allowing to experience and to reflect on the challenging and facilitating factors of the work process and on how to improve the work environment.

Surveying the issues, carrying out research, discussing, organizing and preparing for presentation to address such prepared and critic professionals was a rare opportunity of academic and even professional growth. All themes worked were coordinated and guided by the professors responsible for the project, before being presented. Those moments allowed reflecting and verifying the importance of becoming an inserted and committed professional with the permanent education of health professionals.

We emphasize the importance of orientation meetings between professors and academicians in the preparation of the educational action, because they have contributed to form opinions more consubstantiated with scientific knowledge, preparing academicians both intellectually and psychologically, and inspiring confidence to them. Another important factor to be kept is the use of active methods in the educational process, as it allows the participation of everyone involved, always generating reflections articulated with the work process.

It was observed that the institution has human resources policy; however, this is not accessible to all workers, as many are working

in SS/PHC through temporary contracts. Those statutory workers showed dissatisfaction and demotivation in the discussion concerning the valuation, recognition and importance of them at work. All factors and experiences present in the everyday life of the service generate in workers feelings of not belonging and of insufficient contribution in the group by some members.

Project participants benefited from the gradual growth during the development of the meetings. We highlight better articulation of ideas, development of the association between theory and practice, favoring of better diction and posture in public performances, greater sense of confidence to discuss issues and present opinions and also personal and professional growth of the group. It was very gratifying to experience strengthening of relationships with professionals in the SS/PHC, favoring learning and promoting, increasingly, respect and admiration for them.

At the end of the project, it was clear that the objectives have been achieved. It was found that its completion has strengthened the integration between education and service and contributed to the formation of future nursing professionals as educators in health; and allowed to experience the important management of PHC in the SUS. It is believed that educational activities corroborated in strengthening the management of SS/PHC and in qualification of professionals who work there.

It can be inferred that given the results achieved by the project, despite some obstacles, it strengthened the partnership between UFJF/FACENF and SS/JF, which was recognized by the heads of SS/PHC, who requested the continuation of the project to be developed together with supervisors of Primary Health Care Units.

We highlight the importance of extension activities in the training of health professionals, as well as in forming bonds between service and educational institutions in order to strengthen the provision of qualified services to the population.

## REFERENCES

1. Santana FR, Nakatani AYK, Souza ACS, Esperdião E. Diretrizes Curriculares Nacionais do Curso de Graduação em Enfermagem: uma visão dialética. Rev eletrônica enferm [Internet]. 2005 [cited 2014 June 14];7(3):295-302. Available from: <http://www.revistas.ufg.br/index.php/fen/article/view/904/1101>

2. Cecim BR. Educação permanente em saúde: English/Portuguese

J Nurs UFPE on line., Recife, 9(Suppl. 4):8135-45, May., 2015

descentralização e disseminação de capacidade pedagógica na saúde. Cienc Saude Colet [Internet]. 2005 [cited 2011 Dec 10];10(4):975-86. Available from: [http://www.scielo.br/scielo.php?pid=S1413-81232005000400020&script=sci\\_arttext](http://www.scielo.br/scielo.php?pid=S1413-81232005000400020&script=sci_arttext)

3. Brasil. Ministério da Saúde, Secretaria de Gestão do Trabalho e da Educação na Saúde, Departamento de Gestão da Educação em Saúde. Políticas de Formação e Desenvolvimento para o SUS: Caminhos para a educação permanente em saúde. Pacto pela Saúde. Brasília: Ministério da Saúde; 2004.

4. Brasil. Ministério da Saúde. Portaria GM/MS 198 de 13 de fevereiro de 2004. Institui a Política Nacional de Educação Permanente para trabalhadores do SUS (PNEPS). Diário Oficial [da] República Federativa do Brasil. 2004 fev. 16; Seção 1. p. 37-41.

5. Brasil. Ministério da Saúde. Portaria GM/MS nº 1.996 de 20 de agosto de 2007. Dispõe sobre as diretrizes para implementação da Política Nacional de Educação Permanente em Saúde. Diário Oficial [da] República Federativa do Brasil. 2007 ago. 22; Seção 1. p. 34-8.

6. Brasil. Ministério da Saúde. A educação permanente entra na roda: pólos de educação permanente em saúde: conceitos e caminhos a percorrer. 2ª ed. Brasília: Ministério da Saúde; 2005.

7. Farah, BF. A educação permanente no processo de organização em serviços de saúde: as repercussões do curso introdutório para equipes de Saúde da Família. Rev APS [Internet]. 2003 Dec [cited 2011 June 10];6(2):123-125. Available from: <http://www.ufjf.br/nates/files/2009/12/Tribuna.pdf>

8. Fuzissaki MA, Clapis MJ, Bastos MAR. Consolidação da política nacional de educação permanente: revisão integrativa. Rev enferm UFPE on line [Internet]. 2014 [cited Abr 20 2014]8(4):1011-20. Available from: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/download/3785/8905>

9. Silva M JP, Pereira LL, Benko MA. Educação continuada: estratégias para o desenvolvimento do pessoal de enfermagem. Rio de Janeiro: Marques - Saraiva, 1989.

10. Silva GM, Seiffert OMLB. Educação continuada em enfermagem: uma proposta metodológica. Rev bras enferm [Internet]. 2009 June [cited 2011 Dec 11];62(3):362-6. Available from: [http://www.scielo.br/scielo.php?pid=S0034-71672009000300005&script=sci\\_arttext](http://www.scielo.br/scielo.php?pid=S0034-71672009000300005&script=sci_arttext)

11. Silva LAA, Ferraz F, Lino MM, Backes VMS,

Schmidt SMS. Educação Permanente em Saúde e no Trabalho de Enfermagem: perspectiva de uma práxis transformadora. *Rev Gaúcha Enferm.* 2010;31(3):557-61.

12. Fernandes LCL, Machado RZ, Anschau GO. Gerência de serviços de saúde: competências desenvolvidas e dificuldades encontradas na atenção básica. *Cienc saúde colet [Internet].* 2009 oct [cited 2012 Dec 09];14(1):1541-52. Available from: <http://www.scielo.br/scieloOrg/php/referencia.php?pid=S1413-81232009000800028&caller=www.scielo.br&lang=en>

13. Vanderlei MIG, Almeida MCP. A concepção e a prática dos gestores e gerentes da estratégia de saúde da família. *Cienc saúde colet [Internet].* 2007 Oct [cited 2012 Nov 10];12(2):443-53. Available from: <http://www.scielo.br/pdf/csc/v12n2/a21v12n2.pdf>

14. Fortuna CM, Mishima SM, Matumoto S, Pereira MJB. O trabalho de equipe no programa de saúde da família: reflexões a partir de conceitos do processo grupal e de grupos operativos. *Rev Latino-Am Enfermagem [Internet].* 2005 [cited 2011 Apr 13];13(2):262-8. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0104-11692005000200020](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692005000200020)

15. Peduzzi M. Equipe multiprofissional de saúde: conceito e tipologia. *Rev Saúde Públ [Internet].* 2001 [cited 2011 Sept 10];35(1):103-9. Available from: <http://www.scielo.br/pdf/rsp/v35n1/4144.pdf>

16. Volpato M, Cimbalista S. O processo de motivação como incentivo à inovação nas organizações. *Rev FAE [Internet].* 2002 [cited 2012 Dec 11];5(3):75-86. Available from: [http://www.inovacaoedesign.com.br/artigos\\_cientificos/processo\\_de\\_motivacao.pdf](http://www.inovacaoedesign.com.br/artigos_cientificos/processo_de_motivacao.pdf)

17. Figueiredo MS, Ramos P. Comunicação organizacional: quando a comunicação falha. *Rev Leonardo Pós [Internet].* 2005 [cited 2011 Sept 13];2(9):1-8. Available from: <http://www.posuniasselvi.com.br/artigos/rev02-09.pdf>

18. Hunter JC. O Monge e o Executivo : uma história sobre a essência da liderança. Rio de Janeiro (RJ), Brasil: Sextante; 2004.

19. Paccaud F. Educating and training the public health workforce. *Eur J Public Health [Internet].* 2011 [cited 2013 Nov 9]21(2):137. Available from: <http://eurpub.oxfordjournals.org/contet/21/2/137>

20. Marandola TR, Marandola CMR, Melchior R, Baduy RS. Educação permanente em saúde:

conhecer para compreender. *Rev Espaço para a Saúde [Internet].* 2009 [cited 2013 Nov 9]10(2):53-60. Available from: [www.ccs.uel.br/ccs/espacoparasaude/v10n2/Artigo8.pdf](http://www.ccs.uel.br/ccs/espacoparasaude/v10n2/Artigo8.pdf)

21. Biscarde DGS, Pereira-Santos M, Silva LB. Formação em saúde, extensão universitária e Sistema Único de Saúde (SUS): conexões necessárias entre conhecimento e intervenção centradas na realidade e repercussões no processo formativo. *Interface (Botucatu) [Internet].* 2014 jan [cited 2014 Dez 09];18(48):177-86. Available from: [http://www.scielo.org/scielo.php?script=sci\\_arttext&pid=S1414-32832014000100177&lng=pt](http://www.scielo.org/scielo.php?script=sci_arttext&pid=S1414-32832014000100177&lng=pt)

22. Murofuse NT, Rizzoto MLF, Muzzolon ABF, Nicola AL. Diagnóstico da situação dos trabalhadores em saúde e o processo de formação no pólo regional de educação permanente em saúde. *Rev Latino-Am Enfermagem [Internet].* 2009 June [cited 2013 Dec 08];17(3):314-20. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0104-11692009000300006&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692009000300006&lng=en)

23. Almeida-Filho N. Higher education and health care in Brazil. *J Lancet [Internet].* [cited 2013 Nov 15]377(9781):1898-1900. Available from: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)60326-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)60326-7/fulltext)

24. Medeiros AC, Pereira QLC, Siqueira HCH, Cecagno D, Moraes CL. Gestão participativa na educação permanente em saúde: olhar das enfermeiras. *Rev Bras Enferm.* 2010;63(1):38-42.

25. Potter MA, Miner KR, Barnett DJ, Cadigan R, Lloyd L, Olson DK *et al.* The evidence base for effectiveness of preparedness training: a retrospective analysis. *Public Health Rep [Internet].* 2010 [cited 2014 Apr 15]125(5 suppl 5):15-23. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21133061>

26. Brasil. Conselho Federal de Enfermagem. Resolução COFEN nº 311/2007. Aprova a Reformulação do Código de Ética dos Profissionais de Enfermagem [Internet]. 2007 [cited 2014 Mar 28]. Available from: [www.cofen.gov.br/resolucao-cofen-3112007\\_4345.html](http://www.cofen.gov.br/resolucao-cofen-3112007_4345.html)

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