THE WORK EDUCATION PROGRAM FOR HEALTH: CASE STUDIES IN MANAGEMENT

Objective: describing the experience of PET EP on the management for the experience of the discussion Forum held with managers of the Municipal Health Department of João Pessoa/PB. Method: a descriptive study of experience reporting type, about the experience in a circle dialogue between managers who work at the Directorate of Health Care for the Municipal Health Department of João Pessoa/PB. Results: the forum sparked between managers a moment of reflection about the execution of Continuing Education movements in health at SUS and put under review the work process through the exchange of knowledge. Conclusion: the experience allowed perceiving the importance of discussion boards as a powerful tool in the continuing education movement and should be replicated in other areas and health care levels. Descriptors: Health Management; National Health System; Learning; Preceptorship.

RESUMO
Objetivo: descrever a experiência do PET EP na gestão pela vivência do Fórum de discussão realizado com gestores da Secretaria Municipal de Saúde de João Pessoa/PB. Método: estudo descriptivo, tipo relato de experiência, sobre a vivência em uma roda de diálogo entre gestores que atuam na Diretoria de Atenção à Saúde da Secretaria Municipal de Saúde de João Pessoa/PB. Resultados: o fórum provocou entre os gestores um momento de reflexão sobre a efetivação dos movimentos de Educação Permanente em saúde no SUS local e colocou em análise o processo de trabalho através da troca de saberes. Conclusão: a experiência possibilitou perceber a importância de fóruns de discussão como uma ferramenta potente no movimento de educação permanente e que deve ser reproduzida em outros espaços e níveis de atenção a saúde. Descritores: Gestão em Saúde; Sistema Único de Saúde; Aprendizagem; Preceptoria.

RESUMEN
Objetivo: describir la experiencia de PET EP en la gestión de la experiencia del Foro de Debate celebrado con los directores del Departamento de Salud Municipal de João Pessoa/PB. Método: Estudio descriptivo de tipo de informes de experiencia acerca de la experiencia en un rueda de diálogo entre los gerentes que trabajan en la Dirección de Atención de la Salud del Departamento de Salud Municipal de João Pessoa/PB. Resultados: el foro desató entre los gestores un momento de reflexión acerca de la eficacia de los movimientos de educación continua en salud en el SUS y ponen en examen el proceso de trabajo a través del intercambio de conocimientos. Conclusion: la experiencia permitió darse cuenta de la importancia de los foros de discusión como una poderosa herramienta en el movimiento de educación continua y debe ser replicado en otras áreas y niveles de atención a la salud. Descriptores: Gestión de la Salud; Sistema Único de Salud; Aprendizaje; Preceptoría.
INTRODUCTION

In the Constitution, the SUS is set to society with the proposal of comprehensive care, universal and equitable; however, after more than two decades, it is still seeking the effective consolidation of many of its principles, living contradictions between the idealized and the set, between the prescribed and the real.

In addition to the structural issues inherent in the realization of the health system, Brazil is nowadays a process of incorporation of new technologies arising from the change in the epidemiological and demographic profile of the population, the health spending growth, the aging of its population, creating the need for inclusion of new mechanisms for the effective production of care with direct implications for the training of professionals. ¹

Bringing SUS to the scene of health training is necessary for constituting a legal apparatus, to the extent that the magna Carta assigns it the task of originator of human resources training in the area of health care in its Article 200, item III, reaffirmed also, in the Organic Health Law (LOS 8080/90) in its Article 27, which places the health services as a field for teaching, research and extension, expressing the inseparability between education and health.²,⁹

The health education is still hospital-centered and by adopting the biomedical model, the health/disease process is reduced to an anatomical and physiological dimension, excluding the historical and social dimensions, such as culture, politics and economics, focusing on its main intervention strategies the patient’s body which led doctors to focus on the body machine and to neglect the psychological, social and environmental aspects of the disease.³

The Ministries of Health and Education has been developing policies and strategies to reorient professional training in health in order to meet the demands and needs of the SUS. One is the National Policy on Permanent Education, implemented by MS/GM Ordinance nº 1996 of August 20⁰, 2007, that centralizes the process of work as the primary means of change. While that active support resources and support for health in graduate courses, among which are: the National Curricular Guidelines (DCN) Reorientation National Program for Professional Training in Health (Pro-Health), Education Program the Working for Health (PET-Health), among others. ⁴

The PET-Health is organized with the objective of strengthening the attention to health networks. The proposal is developed based on tutorial training and involves teachers (tutors), tutors and workers of health services and students of graduate courses of higher education institutions.⁵

The PET-Health Permanent Education axis (EP - Permanent Education) develops actions in five health municipal departments of João Pessoa, namely: Municipal Health Secretariat through the Directorate of Health Care (DAS) in Candida Vargas Hospital, the Hospital Santa Isabel, and the Comprehensive Care Center for Elderly (Caisi), and two built-in family health through the NASF.

The PET-Health/EP under the Municipal João Pessoa aims to put students in the central management in order that they better understand how it organizes this space, besides building with workers, strategies to make Continuing Education in their work processes and to assist some moves to strengthen this policy in management.

The team that makes up the PET-EP management consists of a tutor, a professor of the Health Sciences Center of the Federal University of Paraiba, one governess, nurse responsible for planning and monitoring the Municipal Department of Health and two graduate students of Physiotherapy UFPB. Develop their weekly activities with a schedule of eight hours and four hours on Care Health Board (DAS) and other hours participate in the meeting questioned dialogued with all tutors and students who are involved in the shaft.

Thus, this study aims to describe the experience of PET EP in managing the experience of the Discussion Forum held with managers of the Municipal Health Department of João Pessoa/PB.

METHODOLOGY

This is a descriptive study of experience report type.⁶ The place of living of this report was the City Department of Health which had its regulated organization chart through the LC. 10.429/2005 and LC 11.457/2006 and consists of five directorates: Directorate of Administration and Finance, Health Surveillance Board, Management Board of Labor and Education, Regulatory Board and Health Care Directorate (DAS).

As the DAS (Directory of Health Care) is the work experience scenario through the PET-EP, one can observe the actual organization of the work process of managers being distributed through three managers: Basic care, specialized attention and the Hospital and twelve technical areas, and they: men's health, women's health, child and adolescent health, mental health, oral health, elderly health, Tuberculosis and Leprosy, black population, complementary and integrative practices, Hypertension and Diabetes, person with disabilities and GIS. The workforce of the technical areas varies in number from one to five by technical area, with a total staff of 57 employees across the Board.

DAS technicians are coordinators of the planning process and monitor actions developed by the services participating in the municipal health network, to meet the needs of João Pessoa users in primary care, specialized and hospital.

Sixteen technical of DAS through a conversation circle on Continuing Education in Health for the Management participated in the experience held in June 6th, 2014, promoted by PET-EP/DAS in partnership with five other groups of PET-Axis Continuing Education located on other network points of attention and techniques of health districts. The responsibility of management in promoting movements that can strengthen the EP policy was the subject of discussions which brought together a total of 29 people including students, tutors and workers management.

RESULTS

Continuing Education is a strategy that encourages critical reflection on the part of workers about their work processes in order to find creative and effective solutions to solve problems encountered in daily work.⁸

From the experiences of PET, which is inserted into the Board of Attention to Health-DAS, were identified some problems for managers realize lifelong learning how we can mention: the lack of policy, lack of communication between the technical and certain areas difficulty in differentiating the lifelong learning strategies and continuing education.¹⁰

All these problems are possible for intervention and could be minimized through activities that provoke reflection of the managers about their work process. To meet this need PET-EP built the Forum on Continuing Education - EP Health management.

The Forum entitled "Reflecting on the prospects and difficulties of doing permanent health education" was held on June 6th, 2014, in the municipal service of the Center for Integrative and Complementary Practices Balance of Being, providing a welcoming space to cause between managers a reflection on the effectiveness of health EP movements in local SUS agenda, with a total of eight hours divided between morning shift and afternoon, with a break of two hours for lunch.

There were present students and preceptors of the six PET-EP of UFPB, sixteen technical managers of the various areas that make up the DAS and two techniques districts. The forum began with a dynamic presentation of managers, students and tutors, to provide knowledge and interaction of the whole group. It was then used as a first reflection strategy viewing the video titled: “Learning to learn”, with an average of eight minutes.

This reflection intended to attract the attention of employees on the importance of learning, not necessarily run with words, but attitudes and actions, understanding that everything that is new and unknown can cause insecurity, fear and often uncertainty about learning.⁷ Video “Learning to learn” suggests the need to rethink the renewal of knowledge, questioning among those present the fact that daily life is a source of knowledge and training in recognizing that we must find that learning within the collective space is also can share different knowledge.

After the video, managers began a conversation circle, in which each exhibited his feelings about the displayed reflection.
You can highlight some of the many lines that have emerged as “the importance of being able to look at the work of the other”; the “persistence accomplish in our work despite the difficulties”, it was soon possible to see that the methodology allowed the workers to interconnect video with their work process.

Then the second time, managers were asked to participate in an educational activity that allowed the exchange of information and the identification of the difference between lifelong learning and continuing education. For this activity there were exposed about seventy descriptors that represented the concept of permanent education and continuing education (CE). Two cardboards were separated to allow glue of words that correspond to each concept, providing a moment of convergence, divergence and doubts among managers, encouraging reflection on the construction of EP and EC definitions.

After the didactic activity of the glue and discussion, the Group built a collective concept of Permanent Education, differentiating it from the Continuing Education. As can be read in the transcript below:

Continuing education is done in day-to-day, learning and change, because in the process we are in continuous learning, another new knowledge, reflecting on changes in day-to-day, so more resolute. It is dialogue, because it is the dialogue that we build continuity, it is why EP is necessary to build horizontally, new forms of shared knowledge, which includes popular education. It is in community that we produce best, includes worker, the community and manager. The execution takes place in this active and collective reflecting on improving the work process and the user's life quality participation. It is also experiencing because EP is shared exchange and integration with the actors involved in the process, growing and strengthening the SUS. The strengthening of the SUS is through mutual construction, collective, horizontal, valuing the knowledge of others. Strengthen the comprehensive care line on health. Continuing Education network is because it is collective, is joint, a support strategy, so it is not sporadic. It is awareness because it depends on worker awakening with a view to reframe the action. It is having technical-scientific evolution because EP is also inserted in the scientific, in the technical, is an ongoing rethinking of work practice. It is the autonomous practice as an initiative of the subject within the context of reflective and pondered way. You must use this feature for a practice problem-work and manufacturing and is technically we include in the work process tools for change. Is it self-assessment and self-analysis? Self-assessment as a value judgment and self-analysis while the individual understanding about himself; It is a discussion that permeates the process of teaching and learning, while broader dialogue; modernization because it also includes the development, upgrade the technological process, including the advances, is to improve the former, then EP is a permanent action to update the formula differentiated practices. It has an ascending logic in the growth perspective. EP is not random, it must be institutionalized policy. The EP must consider how to conduct the specialized teaching tools. But it's what is not? It's not politics, it is not sporadic, it is not uni-professional, and it is an ethical and aesthetic political-pedagogical project of the learning process.

The afternoon began with a presentation of the PET HEALTH-Axis EP, which made it possible to present the objectives and working methods of PET teams that are inserted in the services of municipal João Pessoa / PB, in order to present to managers the program's contribution to achieving moments of Continuing Education as a practice services. Soon after, managers, students and tutors of PET-Health were distributed in two rooms, forming two large groups. In each group, the workers discussed the difficulties they encountered in articulating the Continuing Education for their work processes and how to develop strategies and solutions to face the difficulties experienced in the management.

At the end of the two groups they socialized their production, enabling greater discussion of the main difficulties listed by the workers and the expectation of confrontation to effect permanent education as a strategy of municipal management. Finally, all were invited to participate in a moment of dispersion used as methodology the strategy that each participant quoting a single word which represented for them the moments lived throughout the day.

CONCLUSION

In the event scene, we consider that the moment was of relevant learning, because it made possible reframing the management work process, encouraging critical reflection on the part of workers about their daily work which outlined real possibilities of addressing the problems that have been placed in Featured during collective experience.
The experience enabled us to understand that dialog among workers is a powerful tool in the continuing education movement and should be replicated in other areas and health care levels. The PET-Health enables students in training to experience the problems of workers and extend the look about health services.

The lesson learned has left the prospect of changes in the practice, as a legacy and individual responsibility to ensure the operation of this great and wheel service, understanding that all of us, students, health workers and teachers are responsible for strengthening and initiating the Brazilian National Health System.

REFERENCES


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