Training process for permanent health education...
INTRODUCTION

The term Continuing Education emerged in the field of education, initially in 1930 and then with more intensity in 1960, always associated with initiatives involving the learning of people in times of productive restructuring and the need to relocate large numbers of individuals in the labor market due to the intensification of industrialization and urbanization.¹

The Pan American Health Organization in 1980 suggested the Permanent Health Education (PHE) as a strategy for the organization of educational processes directed to workers health. It was evident that the movements called traditional training, arranged vertically and directed so indiscriminately to different audiences, had very low impact and produced few changes in the practices of health professionals. For needs identification recommend participatory planning processes, which could allow the consideration of local contexts, with lifting problems and cast priorities. There emerged the concept of Permanent Education in Health as a pedagogical strategy.²

In Brazil, another locus of training around the Continuing Health Education was identified on the team that took the Department of Education Management in the Ministry of Health of Brazil, from January 2003 to July 2005. The group was composed of state management in the field of health education in Rio Grande do Sul, the building experiences of change processes within the training and work in health gathered around the UNIDA Network and Popular Education Network Health and the experiences of management and reorganization of work processes.¹

PHE, while educational aspect that puts the world of work and health training in the focus of care, seeks to break with certain commonalities in the academic daily life, giving voice also to other forms of knowledge, as common sense and knowledge produced in the work routine through the relationship between professionals and users, and between professionals and the community. This kind of approach brings the PHE close to the emerging paradigm of science.

Traditionally, health work in a fragmented way: separate public health clinic, clinical quality independent quality management, separate management attention, separate attention surveillance, separate monitoring of the protection of external injuries and each of these fragments divided into many technical areas as there are fields of expertise. This Fragmentation has also generated experts, intellectuals and consultants with a sense of concentration of knowledge that are imposed on professionals, services and society, and the result is the expropriation of other knowledge and cancellation of local realities in the name of knowledge.³

To produce changes in management and care practices, it is salutary that is capable of dialoguing with the practices and prevailing concepts, questioning them, not in the abstract, but in concrete work of each team, and that can build new pacts and practices, bringing together the health services of the concepts of comprehensive care, humanized and quality, equity and other landmarks of the Brazilian health system reform processes, at least in our case. Growing importance of the educational practices set up as devices for the analysis of local experiences; organizing actions in network / chain; the possibilities of integration between education, teacher development, changes in management and health care practices, strengthening popular participation and appreciation of local knowledge.³

Accordingly, in the year 2014 it was nationally launched the Specialization Course of integrated multidisciplinary training in Continuing Education in Health for more than four thousand health professionals in all regions of Brazil aiming to recognize the PHE movements and give meaning to working processes. Thereby, this study aimed to report the experience as a trainer in the course of Continuing Education in Health.

METHODOLOGY

A descriptive study type experience report, developed in January 2014 to January 2015, with health professionals in Sergipe during the course of specialization in Permanent Health Education. Based upon the objective of the course was sought by a methodology that would carry a reflective and critical process to cover the reality on health practices PHE. This type of research, which appears to reflect the practice, it is indicated when it intends to conduct a recent survey of critical assessment of a particular crop.⁴

The specialization course in Continuing Education in Health in the state of Sergipe had the participation of seven tutors (Three social workers, two dentists and two nurses), a formative (nurse) and a supporter (pedagogue), which mediates the discussions, organized and coordinated the group, in order to provide the participation of all in the reflections.
In addition, the present report uses as tools and procedures for data collection observation participant with journaling field and audio, photographic and filming of materials produced by the participant group, after signing the Informed Consent and Informed.

## RESULTS

♦ Report presentation

The Specialization Course “Multidisciplinary Integrated Training in Continuing Education in Health” - Permanent Health Education: PHE movement It is the result of partnership between the Health Ministry (HM), through the Labor Management Department and Health Education with the Rio Grande do Sul Federal University, through the Center for Education Evaluation and Educational Production Health - Health Education and partnership with the Rio de Janeiro Federal, by Micro politics Research Line of Work and Health Care (Linha) and Network Collaborative Government in Health (MS).

In order to enable permanent education processes in health in the territories, recognizing existing practices and knowledge in daily work, thus encouraging the production of new meanings in making health. This proposal is connected to an experience of encounter between workers and users, workers and managers and employees with each other from the perspective of Permanent Education in Health. It is an invitation to SUS workers to the invention of practice to learn to take care and make/PHE live so that they can highlight the power of live work in action.

The course made a bet on the power of the encounter between the various actors in the territory, recognizing that these are permeated by learning processes and exchange of everyday experiences. The training process aims to enable these processes in their power exchange invitation offerings, teaser, conversation and networking. So left is a bet that all produce knowledge in their everyday encounters, and so do all PHE.

The aim of the course was recognized the existing PHE in various regions, services and communities, seeking to give visibility to these experiences and cooperate with them, the prospect of a Health System caregiver, inclusive, universal, capable of creating in everyday actions. The aesthetics of the course assumes the encounter between the actors involved in it and the interactions that can be searched, mobilized and brokered with others in the health production territories. It will work towards networks, their different origins, its multiple derivations and their plural destinations. In this sense, the state of Sergipe works to promote areas for collective learning, involving tutors and students. So, all who were constantly learning. There were several authors with different inserts in the world, but all in PHE in Motion. The training process took place from the following PHE contained in the Letter to the Tutors, produced in the course:

♦ Training tutoring

The first step was for training in mentoring, which aimed to share a territory of collective production, from the different inserts in the working world. Therefore, the organization of the Sergipe state group initially had a group of 11 tutors, a trainer and a supporter. In this process, the group is familiar with the Virtual Platform that worked with the proposal of “communities of practice”, which offered greater possibility of dialogues and meetings with a more rhizomatic structure (less linear).

In this platform, the talks took place in a horizontal manner, in which all donated, fomented and produced reflections and analysis of its implications. The proposal was for each person to look at what he practiced and ask about “what I see”, “What I think of what I see?” And “what I do with what I think what I see?” So, do not lose sight of the PHE experience transcending the virtual space, since it is the result of everyday experiences that take place in the working world.

The practices of community enable interaction with the tools that were built for the course, among these, the different entries, the conditions box and daily chart. The invitation was for inclusion in a training action that does not present linearity and modularity, but rather entrances, pathways and varied and unique records for apprenticeship. Each course entry provides a clothesline texts offers, scenes, songs and calls to action-trial. Autonomy was given to the group that was eyeliner their formative process, considering their experiences and experiences, sharing their affectations, discoveries and production in the conditions box and producing the narrative of their own experiences and learning in the daily chart.

With regard to the evaluation process, in addition to products shared in the cartographical conditions and daily cash, tutors and trainer developed a specific product to show experiences in PHE, held at the end of the course. Note also that each member of the group needed to have a frequency of 100% in on-time and participated

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in the various discussions held through the Virtual platform.

The process of training of tutors lasted five months, from March to August 2014, with 3-person meetings. The first in-person meeting was collective, with all 600 tutors in training in Brazil, which happened in Gramado-RS. The second meeting happened in Aracaju-SE. The third meeting amounted to a show of formation in PHE and their movements also in Aracaju, Sergipe.

PH Course: Movement

The second step was the development of the course PH: Movement, which formed in Brazil around a collective 4000 people and Sergipe, 42 people. After the formation of guardians 04 guardians were reallocated to support the state of Bahia, making thus 07 tutors in Sergipe.

Course Structure

The course has a blended structure with 360 class hours divided between classroom time and distance and followed the same logic of the training of tutors process.

The tools used for the construction and route documents and their findings or individual and collective contributions were the Cartographic Diary and Affection Box. These tools also served as a resource to the evaluation process. The Core Educes Health in Rio Grande do Sul Federal University was responsible for the costs and logistics of classroom time defined by the course.

The teaching devices of the course

The course has a permeable educational material allowing each tutor with his group to define a unique formation process based on the needs raised in daily life and also from a map in the territory of permanent education actions.

Thus the course allowed all explore the material, defining where to start from their needs and conditions in the country and the world of work. The material then had several inputs: Input Text, Input Text in Scene, Scenes Entrance, Trials Entrance, Entrance Other offers.

The tutors place in the process

One of the important objectives of the course was to track the various existing experiences of PHE in the territory of operation of each, and from this process that involves the recognition of these experiences, develop and broker cooperation processes. Thus, the dialogue promoted in instigates platform issues experienced in the individuals’ daily routine.

The community is involved in the process. Each tutor and student put photos on the platform profile to the point of all to recognize. Finally, trainers and tutors have become allies of the process.

Course Evaluation

With regard to evaluation, we sought a reversal of concepts. In traditional education, the assessment is to measure how much knowledge has been accumulated. In the proposal PHE moving sought to support the idea that the evaluation should be a research tool on the production of knowledge experienced by each learner.

The evaluation process of the tutors and learners was divided into three criteria: participation, the daily chart and the construction of a product to show PHE Moving. The criteria for participation were: frequency, access and participation in different areas of the Community of Practice, requiring proof that:

- Attended 75% of the total hours of the course and 100% in on-time, with justifications only in case of health, accident or family loss;
- Participated regularly from different areas of the Community of Practice as the daily chart, the conditions box, forums, and other inputs;
- It was involved in collective discussions in on-times and activities at a distance;

We evaluated not only the number of hits, but the active participation of subjects, raising questions, proposing offers the group to add production of new knowledge and new experiences in the conditions box and also in the daily chart.

RESULTS ANALYSIS

Many were caused breakdowns in the state of Sergipe group. The heterogeneity of the tutors made them leave their comfort zones. Various experiences were shared. Some had remnants of a traditional education. The group was thought-provoking. The discussion was intense.

The Cartographic daily were more than a record, it allowed not only that all activities of PHE were registered, but that the processes experienced during the course and in daily experiences were narrated and called for reflection, using the different languages and ways of communication.

The conditions was not just a file space box, but rather a place of knowledge sharing, conditions and offers the group, i.e., a place
of registration, ownership, displacement and contextualization. It also acts as a toolbox, you need to serve and work, it is not only for you, but to give visibility and broker the collective production.6,7

From the Cartographic Daily tool movements reflections were produced, recognition and cooperation PHE process in the territory, from narratives, images, analytical reflections, debates, artistic productions, reporting and dramatizations of everyday scenes, video productions, music, texts.

A defining moment for the group was during dynamic called “Tale Tent” experience developed in the health network Christmas-RN municipality as care technology to users of basic health care. In the construction of the tale tent, professionals deliver in advance invitations to users in their homes, suggesting that they take for the basic health unit, and on scheduled time, something that represents some fact of their lived history.3 Tutors took an object related to PHE and during the facing meeting they related their stories and affections. It was the time when the group was strengthened and produced interesting discussions.

Tutors work in different spaces: education, management, assistance. The course provided by the dialogue to foster debate, enabling the various actors better understand the world of the other's work. The Permanent Health Education offers thus a theoretical framework oriented towards a break with traditional education, while pointing out the powers and limits the format for the creation of a society of control.

This study allowed to report the experience of the training process in Continuing Education in Health course. It was evident that we need to transform traditional practices and promote vocational training linked to intellectual to the reflective and active subject can manifest.

For this to happen it is necessary to overcome the false traditional dichotomies in favor of a more effective dialogue with a view to the relevant aspects that can bring to the individual formation. You also need to undo concepts and figures that typifies a world or translated knowledge as “truths” that approaches the notion and proposal of PHE in motion, as part of the awareness for practice and this leads to new movements that will culminate in a make consistent with reality and emerging needs, therefore, consideration of these features bring new possibilities to think a professional and a society that meets its history, understand and transform realities, invents and reinvents new ways of thinking, acting and living democratically.

REFERENCES


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