



PARADIGMS OF OPERATION OF THE UNIFIED HEALTH SYSTEM: PERCEPTION OF A PARTICIPANT OF VER SUS
PARADIGMAS DO FUNCIONAMENTO DO SISTEMA ÚNICO DE SAÚDE: PERCEÇÃO DE UM VIVENTE DO VER SUS
PARADIGMAS DE OPERACIÓN DEL SISTEMA ÚNICO DE SALUD: LA PERCEPCIÓN DE UN PARTICIPANTE DE VER SUS

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ABSTRACT

Objective: to report the perception of a participant of VER-SUS on the operation paradigms of the Unified Health System (SUS). **Method:** descriptive study, experience-report type, developed from the experience of a student from the physiotherapy course in the program "Experiences and Internships in the Reality of the Unified Health System - SUS". **Results:** the project VER-SUS has great value in the student's formation, allowing the immersion in health services in the three levels of care and the problematization of multiple questions that involve the SUS, their challenges, advances and importance. The functionality of the system, despite its obstacles, became remarkable. **Conclusion:** the experience reformulates the student's perception on the SUS, a consequence of the process of deconstruction and reconstruction facilitated by immersion. **Descriptors:** Health Human Resource Training; Interdisciplinary Communication; Unified Health System.

RESUMO

Objetivo: relatar a percepção de um vivente do VER-SUS sobre os paradigmas do funcionamento do Sistema Único de Saúde (SUS). **Método:** estudo descritivo, tipo relato de experiência, desenvolvido a partir da vivência de uma aluna do curso de Fisioterapia no Programa "Vivências e Estágios na realidade do Sistema Único de Saúde - VER-SUS". **Resultados:** o projeto VER-SUS tem grande valor no processo de formação dos estudantes, possibilitando a imersão nos serviços de saúde nos três níveis de atenção e a problematização de múltiplas questões que envolvem o SUS, seus desafios, avanços e importância. Tornou-se notável a funcionalidade do sistema, apesar dos seus entraves. **Conclusão:** a vivência reformula a percepção do estudante sobre o SUS, consequência do processo de desconstrução e reconstrução facilitado pela imersão. **Descritores:** Capacitação de Recursos Humanos em Saúde; Comunicação Interdisciplinar; Sistema Único de Saúde.

RESUMEN

Objetivo: relatar la percepción de un alma de VER-SUS de los paradigmas del funcionamiento del Sistema Unificado de Salud (SUS). **Método:** estudio descriptivo, de tipo experiencia informe, desarrollado a partir de la experiencia de una estudiante del curso de fisioterapia en el programa "Experiencias y Pasantías en la realidad del Sistema Único de Salud - SUS". **Resultados:** el proyecto VER-SUS tiene un gran valor en el proceso de formación de los alumnos, lo que permite la inmersión en los servicios de salud en los tres niveles de atención y la problematización de varias preguntas que implican el SUS, sus problemas, sus avances y su importancia. Fue notable la funcionalidad del sistema, a pesar de sus obstáculos. **Conclusión:** la experiencia reformula la percepción de los estudiantes acerca del SUS, una consecuencia del proceso de desconstrucción y reconstrucción facilitado por inmersión. **Descriptor:** Capacitación de Recursos Humanos en Salud; Comunicación Interdisciplinaria; Sistema Único de Salud.

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INTRODUCTION

The experiences in the Unified Health System (SUS) first appeared with the university extension movements, articulating teaching, research and community.¹ That articulation allows an interaction that provides *an innovative and transformative attitude of social reality*.² In 2001, the Summer School project emerged, held in Rio Grande de Sul. It was an experience focused only on medical students, with the objective of approaching and constructing an education policy for future SUS professionals.¹ In 2002, grounded on the model of the Summer School extension project, there was the development of the Project of Experiences and Internships in the Reality of the SUS - VER-SUS/RS, which contemplated the participation of 16 health professions.¹ Based on that experience, the proposal of the VER-SUS Project/Brazil emerges, which, in 2004, gave 1200 students the opportunity to monitor *in loco* the operation of SUS.³

The project, built from a partnership between the Ministry of Health and Student Movements, aimed to provide students with the living and experience of the reality of SUS through access to care networks, professionals, users, follow-up mechanisms of the provision of health services and the discussion of various health-related issues and their determinants.¹

VER-SUS has extrapolated the initial objectives and has been a constructive tool for the transformation of the SUS,⁴ where students from Higher Education Institutions (HEI) have the possibility to identify the advances and critical nodes of the system, such as: management, social control, financing, humanization of services and professionals working at the three levels of attention.⁵⁻⁶ The experience allows evaluating biopsychosocial aspects and identifying issues that sometimes hampers the existence of SUS, as described in the Federal Constitution and in the Organic Laws of Health.⁷

The permissibility of observation, discussion and contestation allowed by the VER-SUS, is a means of deconstructing ideas have been implanted in society about SUS since its creation, by groups interested in demoralizing the system by means of defaulting, scrapping and recentralization.⁷⁻⁸

OBJECTIVE

- Report the perception of a participant of the VER-SUS on the paradigms of the operation of the Unified Health System (SUS).

METHOD

Descriptive study, experience-report type, experienced by an academic from the fifth semester of the Bachelor's Degree Course in Physiotherapy of the Tiradentes University Center/UNIT, Maceió (AL), Brazil, in the program "Experiences and Internships in the Reality of the Unified Health System - VER-SUS".

Students, ex-participants of the VER-SUS project, facilitated the experience in the month of January/2016, in the city of Arapiraca (AL), Brazil, of Higher Education Institutions (HEI), public and private, from the Nursing, Physiotherapy, Medicine, Social Work, Physical Education, Psychology, Dentistry, Biomedicine and Nutrition areas.

In the 12 days of experience, performing a total of 288 hours, the students were distributed into groups, stimulating personal and training areas interaction. For each experience day, there was a topic to be addressed, focusing on the issues that influence the health x disease process, public policies, SUS operation. The daily activities consisted of visits to health areas, at three levels of care, such as Basic Health Units (BHU), Family Health Support Center (FHSC), Hospitals, Psychosocial Care Center, Reference Centers, Health Ombudsman's Office of the municipality and intense moments to review the day, instigating debates and discussions.

This experience report followed the precepts stated by Resolution 466/12 of the National Health Council.

RESULTS AND DISCUSSION

The Sanitary Reform project has its origin in the discussions of an innovative proposal about health, among social movements, universities, progressive political parties and municipalities with progressive banners.⁹ The student movement assumes, in that context, the protagonism in the struggle for changes in health policy, organized since 1975.¹⁰

The student protagonism and its relationship with the SUS have proven effective since the struggle for its construction. Unfortunately, throughout the decades, that interaction has been weakened by a formation process that does not allow the students' experience in SUS.¹¹ There is need to reformulate the teaching model through the problematization of those issues and the effective integration of the teaching, management, attention and social control axes that make up the quadrilateral training.³

The quadrilateral discloses the process of construction of health professionals as an educational project that extends to the structuring aspects of relationships and practices of social relevance that contribute to the elevation of the health quality of the population.³ Enabling integrated training is a way out of institutional inertia with a focus on providing qualified health workers for all instances, supplying their needs for SUS.¹²

Corroborating the inefficiency sometimes presented at the Higher Education Institutions (HEI), there is the inappropriate media approach to the SUS, encouraging in many students the disbelief of its functionality, leading to an inability to act in the Health System, one of the challenges of SUS.²⁻¹³ The media is more concerned in disseminating information that reveal SUS deviations than the substantive changes that it can provoke in the social scene, presenting SUS as a failed system and without resolution.¹³

In that and other contexts, the VER-SUS project showed providential, enabling students to deconstruct and reconstruct paradigms through the insertion in the daily functioning of SUS. The facilitated immersion in the city of Arapiraca-AL allowed us to follow the service at the three levels of attention and to question about multiple issues involving the service, the way the health service is provided and the community, and, finally, the functioning of SUS.

Inquiries emerged during the visits and conversations with service professionals, managers and users, especially regarding the effective transdisciplinary relationship in the management and care of patients. That fact was perceived and discussed in conversation wheels, and the debate pointed to few changes in that scenario. That fact is worrisome, since the integrated work among professionals is a precursor of the health service within the biopsychosocial context, which considers the factors that influence the health-disease process of the individual, which should be considered in the recovery process. That issue points to the need for improvements in the training process.

Other problems identified as barriers to the improvement of health services were: the restriction of inputs, the bureaucratization of the system and the distance between primary, secondary and tertiary care services. Nevertheless, a positive point was the physical structure, which is, mostly, large and organized, allowing individualized and humanized care, respecting the needs of each patient in the experienced space. In that way, there is adequate physical structure, but

there are obstacles in two points: in the teamwork process and management with bureaucratization and restriction of inputs.

Despite the advances and perceived improvements, the professionals have shown “dissatisfaction”, that is, longing for changes that favor the perspectives of improvements in the assistance to the user. The “dissatisfaction” has been, for the professionals of the health network of Arapiraca-AL, the stimulus for integrated, active and transforming actions, prioritizing the user and, consequently, effectively improving the SUS view. Those facts allowed deconstructing paradigms, especially in the moments of observation and dialogue with professionals who are involved in the provision of health services.

Experiencing the VER-SUS project provoked the need for a formation to work in the SUS, to fight for urgent changes in the curricular structure of the HEI, to participate in new projects that integrate me in the reality of the SUS, given community needs, in addition to demystifying the SUS as an invalid, inadequate and inefficient system.

CONCLUSION

The VER-SUS project represents a great contribution to the formation, comprising important aspects, such as the interdisciplinarity, not often experienced in the IES, critical reflection and renewed student protagonism.

The experience reformulates the student’s perception on the SUS, when allowing the immersion and promoting a political and ethical reflection, factors that stimulate and provide a review of conceptual constructions on the health system. Furthermore, it breaks paradigms with respect to the functioning of the SUS and provides the knowledge of its real functionality and importance, being observed through the process of deconstruction and reconstruction that takes place in the days of immersion.

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