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PERMANENT HEALTH EDUCATION: A POSSIBLE PRACTICE

EDUCAÇÃO PERMANENTE EM SAÚDE: UMA PRÁTICA POSSÍVEL

EDUCACIÓN PERMANENTE EN SALUD: UNA PRÁCTICA POSIBLE

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ABSTRACT

Objective: to report the experience of the cycle of encounters with workers who work in the emergency room. **Method:** a descriptive, experience-based study on the first practical step in the restructuring of the Institution's Permanent Education Policy, with the main objectives of promoting Permanent Education experiments and collectively constructing strategies that maximize teaching-learning processes. **Results:** the trajectory traversed with the workers was composed of seven meetings that addressed, from the reflection on the knowledge and practices in the daily life, to the collective construction of strategies that can be implemented in professional practice. **Conclusion:** the meetings constituted participatory spaces and experimentation evidencing that the daily reality has an enormous potential to generate changes and improvements in the learning processes and labor relations. It is hoped to make the events of the praxis visible, recognizing the potential of everyday life as a space that is rich in possibilities to produce learning and transformations important to the quality of services. **Descriptors:** Education, Continuing; Emergency Service, Hospital; Public Health; Education; Hospitals; Emergencies.

RESUMO

Objetivo: relatar a vivência do ciclo de encontros realizado com trabalhadores que atuam no Pronto-Socorro. **Método:** estudo descritivo, do tipo relato de experiência, sobre a primeira etapa prática da reestruturação da Política de Educação Permanente da instituição com os objetivos principais de promover experimentações de Educação Permanente e construir, coletivamente, estratégias que maximizem os processos de ensino-aprendizagem. **Resultados:** a trajetória percorrida com os trabalhadores foi composta por sete encontros que abordaram desde a reflexão sobre os saberes e fazeres no cotidiano à construção coletiva de estratégias que poderão ser implementadas na prática profissional. **Conclusão:** os encontros constituíram espaços participativos e de experimentação evidenciando que a realidade diária tem uma enorme potencialidade de gerar mudanças e melhorias nos processos de aprendizagem e relações de trabalho. Almeja-se tornar visíveis os acontecimentos da *práxis* reconhecendo a potencialidade do cotidiano como um espaço rico de possibilidades para se produzir aprendizado e transformações importantes para a qualidade dos serviços. **Descritores:** Educação Permanente; Serviço Hospitalar de Emergência; Saúde Pública; Educação; Hospital; Emergências.

RESUMEN

Objetivo: relatar la vivencia del ciclo de encuentros realizado con trabajadores que actúan en el puesto de primeros auxilios. **Método:** estudio descriptivo, del tipo relato de experiencia, sobre la primera etapa práctica de la reestructuración de la Política de Educación Permanente de la institución, con los objetivos principales de promover experimentaciones de Educación Permanente y construir, colectivamente estrategias que maximicen los procesos de enseñanza-aprendizaje. **Resultados:** la trayectoria recorrida con los trabajadores fue compuesta por siete encuentros, que abordaron desde la reflexión sobre los saberes y los haceres en el cotidiano a la construcción colectiva de estrategias que podrán ser implementadas en la práctica profesional. **Conclusión:** los encuentros constituyeron espacios participativos y de experimentación, evidenciando que la realidad diaria tiene una enorme potencialidad de generar cambios y mejoras en los procesos de aprendizaje y relaciones de trabajo. Se anhela hacer visibles los acontecimientos de la *praxis*, reconociendo la potencialidad del cotidiano como un espacio rico de posibilidades para producirse aprendizaje y transformaciones importantes para la calidad de los servicios. **Descritores:** Educación Continua; Servicio de Urgencia en Hospital; Salud Pública; Educación; Hospitales; Urgencias Médicas.

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INTRODUCTION

The Permanent Education in Health (PEH) is understood as an important strategy to foment processes of change in the institutional dynamics and is based on the concepts of problematizing teaching and meaningful learning. Part of the premise that teaching-learning occurs from the reflection of reality experienced in everyday life, with the worker being able to rethink behaviors, to look for new strategies and ways to overcome individual and collective difficulties.¹

This educational strategy, carried out in the area of work / production / education in health², is a great contribution to improving the quality of services and working conditions by incorporating the principles of problematization, the contextualization of reality, innovative pedagogies and reflective thinking.³ Literature analysis⁴⁻⁷ shows great difficulty in implementing teaching-learning processes, in a critical and participative way, that promote changes in the different realities in the health area, prevailing banking education, although there is more than one decade of the institutionalization of PEH as a national policy.

In this scenario that highlights both the potential of PEH for the transformation and qualification of health actions and services, and the limitations in the implementation process in the context of services, coupled with conceptual difficulties³, Merhy⁸ invites us to widen our gaze and realize that movements in day-to-day health practices are potential for the collective production of new knowledge, even though these services have not been formally designated as a place of training or qualification for the exercise of work functions. For the author, a good bet to change the axis of the processes of formation and qualification in health is to make the events of the daily life of doing visible in the field of practices that, through the encounter with the other and the exchange of ways of acting and knowledge, is constantly producing and reaffirming knowledge.⁸

It is necessary to overcome the culture of fragmented education and dissociated from reality, seeing the potential of daily life to produce learning and transformations important for changing care model.³

Departing from the conception of PEH only as political-institutional and taking into

account the micropolitics that operates in the production of care and in the interactions that are experienced in the day-to-day health services is that Risoleta Tolentino Neves Hospital (RTNH) proposed to restructure the Institution's Permanent Health Education Policy. Signaling for the need to rethink educational practices emerged in the context of climate research, the certification visit and the 2016-2020 strategic planning, movements that aimed at the need for multiprofessional action with the effective participation of workers.

The RTNH is an institution inserted in the public health network that receives only patients from the Unified Health System (UHS). It is responsible for the majority of the attendances of the North axis of the Metropolitan Region of Belo Horizonte, Minas Gerais. It serves a reference population of approximately one million one hundred thousand people characterized by high levels of social risk.⁹

The Institution's mission is to "*promote integral care in the context of emergency, maternal and child health care for SUS users, with quality and safety, and contribute to the formation of people and the production of knowledge in the health area.*"⁹: 1 This has a staff of approximately 1,900 employees, 118 medical residents, 39 multiprofessional residents, as well as 274 undergraduate students who complete their internships and professional experience at the hospital (reference of June 2017).

To chart the path of the restructuring proposal, a group of representatives from various categories and sectors of the hospital was created at the end of 2016, with the collaboration of a professor at the Nursing School of the Federal University of Minas Gerais (FUMG) and a PhD student in the Nursing Postgraduate course. This group found that a significant part of the educational activities that were being carried out was focused only on the Nursing team and was supported by the traditional training model, with little employee adherence. This scenario reiterated the expressive presence of actions oriented to specific professional areas and the predominance of traditional teaching strategies, common findings in the literature, distancing itself from interprofessional and interdisciplinary teamwork and PEH.⁶

The group realized that it would be essential to approach workers from different categories, who are part of the team, in order to map the spaces and learning networks used by the worker in the world of living labor. Thus, it was decided that a first practical step in the restructuring proposal would be the cycle of meetings with employees working in the Emergency Room (ER) at RTNH with the main objectives of promoting Permanent Education in Health (PEH) experiments and constructing, collectively, strategies that maximize the teaching-learning processes in the institution.

The ER was the sector chosen because it is the hospital's gateway, because of the quantity and variety of working categories, as well as the complexity and unpredictability of the work process, which requires dynamism and changes in the teaching-learning relationship.¹⁰

The construction of the meeting cycle started from the understanding that the PEH is the strategy capable of transforming the services and favoring the protagonism of the workers by allowing reflection on the work process, rethinking about the conducts and the search for new strategies and overcoming of difficulties.¹¹

By aiming at preserving affinity with daily life, bringing the different actors closer and integrating knowledge and experiences, it was decided that the target audience should contemplate the diversity of functions that work in the ER. A multidisciplinary team is indispensable because "through the integration of knowledge we can arrive at a facet of multiplicity of looks for the same focus, in which everyone can contribute with their experiences".^{12: 168}

When considering that to provoke the change in the training process it is necessary that the proposals be built collectively and in an ascending way, it was chosen to work with the methodology of experiential learning. This methodology presupposes that learning is a process that occurs throughout the life of the individual and occurs through the understanding of experience and its transformation.¹³

The experiential learning for Kolb is the product of how the adult experiences, experiences the world and is modified through the interaction between man and environment in their relationships of work, education and personal development.

In this walk, the group exercised the dialectical chain of seeing, reviewing and transverting, in a legitimate movement of PEH.

OBJECTIVE

- To report the experience of the cycle of encounters with workers who work in the Emergency Room.

METHOD

This is a descriptive study of the experience report, in which the experience of the cycle of encounters with workers at the Hospital Risoleta Tolentino Neves, in the city of Belo Horizonte, Minas Gerais, Brazil, is narrated.

The cycle of meetings, the first practical step in the proposal for the restructuring of the Institution's Permanent Health Education Policy, was conducted by a team composed of the coordinator of SDE, an HR analyst and the doctoral student, based on the understanding of proposed Permanent Education by Merhy.⁸

As a premise, the guiding group defined that the encounters would be modeled in the perspective of workers demonstrating live knowledge and produced on a daily basis, having as a work north two axes: (re) knowledge of the work of self and of the other and the work process, their dilemmas, challenges and potentialities. Thus, during the whole design of the proposal, as in its implementation, it was tried to offer meetings that stimulated the critical dialogue and the reflection on the work routine, to then raise strategies that favor the construction of institutional spaces of PEH.

Weekly meetings were held alternating between Wednesday and Thursday (to guarantee the same scale of work), in three shifts, aiming at the participation of the workers during their working day and held in a room of the Selection and Development sector (SDE).

For each shift, ten employees of different functions were defined. For the definition of the participants, the 36 functions that operate in the sector were mapped and, from there, considering the scale of the workers, the functions that should compose the class of each shift were chosen. The coordinators were then asked to indicate the workers who presented themselves as possible PEH multipliers in the local

scenarios. With the indication, NN made contact with each worker, briefly explained the proposal and verified the interest and availability of participation.

At the end, 27 workers were selected: a laboratory analyst; a social worker; four administrative assistants (acting in the registry, transportation, social service and transfusion agency); a pharmacy assistant; two general cleaning services auxiliaries; a cupbearer; a janitor; three nurses; a pharmacist; a physiotherapist; a speech therapist; two doctors; a driver; a psychologist; three nursing technicians (one from the radiology sector); two clinical pathology technicians and one occupational therapist.

This work is based on the record of the meetings, carried out in the form of narratives about the activities and interventions carried out, as well as the perception of the lived reality, and the results were produced in a conversation wheel after each encounter. The analysis was based on the theoretical reference of PEH.

The trajectory, covered with the workers, occurred in April and May 2017, totaling seven meetings, with an average duration of 50 minutes each.

RESULTS

The whole process of the encounter cycle was of construction and reconstruction, in a permanent event, in order to provide intercessory spaces, with the construction of bonds, to operate with collective subjects, to enable the production and invention of caregiving practices and the implication with an autopoietic action on health as a movement of life producing life.¹⁴

In addition to the great anticipation that preceded each meeting, discussions to define the potentialities that should be instigated and give meaning to the guiding line that was being constructed were realized. It was always sought, to provide space for doubts, questions and problematization of daily life and its practices, as well as the sharing of ideas, difficulties and anxieties.

Even knowing that, in the process of hospital education services, there is a conceptual confusion between the terms permanent, continuing and in-service education^{3,10}, it was decided not to start the

cycle of meetings by explicitly working on these concepts, since it was expected that the encounters could be based on the experience and the proximity to spontaneous and inventive actions of the workers. Thus, indirectly, the precepts of the PEH were being rescued.

The seven moments spent with the workers are systematized in the table below. At the beginning of each meeting, a brief rescue of the previous encounter was made, and in the end the workers represented him by means of a word

Date	Theme	Num. of participants	Used strategies	Main marks
19/04	My work and the work of the other	22	<p>Presentation wheel: name, function and time in the institution.</p> <p>Contextualization of the proposal.</p> <p>The participants, divided into doubles / trios, by means of phrases or words, represented what they knew about the work performed by the different professionals of what made up their group. After presenting each group, each professional talks about their work. The group discusses the initial perceptions, making the necessary additions and corrections.</p>	<p>For the workers, it was difficult to talk about the work of the other, because, although they knew the functions existed, they did not know much about the roles played in the ER. The moment was interesting to enable the clarification of doubts and conceptions that are built over time. The workers were expanding / detailing the attributions and, in some cases, changing the words to better characterize the activities developed. They were surprised by the fact that they know little of the duties performed by co-workers and realized that, in the face of so many differences and specificities, what everyone shares is the ultimate goal of their work: to provide good care to patients and their families.</p>
27/04	Shared work in the daily life of the PS / HRTN	27	<p>Workers, divided into trios / quartets, received ten sheets of sulfite paper and shared scissors, a glue and a roll of crepe tape. They were invited to build, in ten minutes, a hospital bed that would satisfactorily serve the patient and the workers. At the end, each group presented the work for the identification of the winning group and discussion of the impressions about the activity and its connection with the daily life of the ER.</p>	<p>Some groups have already started running, and others have chosen to plan after doing the division of tasks. Another striking difference is that some were directed towards the construction of the ideal stretcher and others, for the real one. It was possible to observe very distinct characteristics in each one of the stretchers constructed, including, correlated to the professional categories that made up the group. One group concluded that all stretchers were winners because they contained features that complimented each other. In the other two, this conclusion came after reflection on the activity. In general, there was good internal and external communication, leadership, division of tasks in a natural way, commitment to build the litter even in the face of the faults and absences mentioned. The correlation of the activity with the daily life of the ER was discussed. Aspects such as time pressure, lack or insufficiency of inputs, need to create and work as a team were addressed.</p>
03/05	Organizational Culture: Need for Change	22	<p>Collective discussion of a video dealing with a supposed experiment on animal behavior (monkeys). To stimulate the discussion about change, the arrangement of the room was changed, placing the chairs in a row, with the place defined. This action sought to see if workers would take the initiative to change the environment according to their needs.</p>	<p>Some participants had difficulty understanding that the video addressed the challenges faced by organizational changes. However, the discussion provided a correlation with the issues experienced on a day-to-day basis, such as the difficulty in recognizing and accepting change, the fear and fear of proposing changes, the reproduction of acts without reflection, the role of leader in each one, abandonment of dreams because I believe that it has always been this way and that these attitudes are limiting. In order to give concrete substance to the discussion, a reflection on the change in the organization of the room was brought to the scene. Attention was drawn to the fact that, even</p>

11/05	How I learn: different ways of learning	16	Each individual worker should answer the question: What do I do well? Then represent, creatively, using the materials, the answer to the question: How did I learn? The work was exposed on a clothesline and shared for collective discussion.	with the aim of achieving change in the environment and with the annoyance of the participants' disposition of chairs, they failed to propose the change, reflecting an apparent accommodation in the face of institutional demands and determinations. There was a demand for spaces and moments in which one could talk about what went wrong in the individual and institutional work process. There were predominant aspects related to the home and family, for example, taking care of family or friends, cooking, ironing, cleaning the house. They also pointed out the need to have a reference, either with someone who teaches something, being the maternal figure very much mentioned, or by other means, such as videos, readings etc. The finding that there are several forms of learning was built throughout the discussion and essential aspects related to the teaching-learning process were mentioned, such as stimulus, example / reference, interest, need, curiosity, error / correctness, imitation, exchange. It was reflected that learning permeates every moment, as in the reading of protocol / medical records, meetings, trainings, case discussions, and thus the knowledge is being added and renewed.
25/05	Teaching-learning process in everyday life	18	Presentation of William Glasser's learning pyramid, which explains the degree of learning according to the technique used. Collective discussion from the questions: Do you think you have learned something in your day to day work? Something you have not learned in any course, in any manual? and You believe that you have already developed some educational action during your day to day work?	The discussion led to the reflection on the different styles, forms and triggers of the teaching-learning process. The workers recognized that the teaching-learning process is expressed at any time and place in the relational opportunity. It was argued that, not always, the moments of exchange, interaction and problematization that happen in everyday life as learning are often valued because they are accustomed to associate learning with the formal spaces of course, lecture and meetings. Participants cited the importance of valuing more dynamic strategies and the need for a more welcoming relationship between management and workers.
31/05	Strategies for Restructuring Lifelong Learning	15	Collective discussion from the question: In your opinion, what is the best way to develop the educational process at work?	Several interesting strategies were mentioned, including positive experiences lived in other places and aspects that need to be strengthened, considering the reality of the institution. The speeches invariably referred to the importance of the space of exchanges and meetings and showed how much the workers live with difficulties of relationship, lack of profile for action in certain sectors and, especially, a feeling of devaluation and little professional recognition.
08/06	Evaluation of the meeting cycle	16	Discussion about the differences between EPS and continuing education.	The workers were surprised by the concepts. Priority was given to strategies aimed at providing spaces for exchanges, dialogue

Figure 1. Systematization of the dating cycle. Belo Horizonte (MG), Brazil, 2017.

DISCUSSION

The option to start the meetings by discussing my doing, the other's doing and the necessary intersections in the work routine had, as a premise, the "indispensable condition for a person or organization to decide to change or incorporate new elements into their practice and its concepts is the detection and contact with the discomforts experienced in the daily work." ^{15: 165}

The bases that give shape to the educational processes are born from the daily work and the interaction of the subjects in the act of health production. In the PEH, work is taken as an educational principle in which the structuring of knowledge takes place from the reality of the work process itself as a point of analysis capable of change. ¹⁶

It was very significant to note that, although workers share the same work space, there are few encounters that happen in everyday life. This reality signals both the need to reflect if it is possible to work in a shared way, when people barely know each other and what they see is partial and reduced in relation to what the other does, and on the predominance of education activity for a category or specific specialty, which promotes the maintenance of the fragmentation of health actions and distance the work process of inter and multidisciplinary logic. ¹⁷

Considering that collective participation is the basic premise of an effective and democratic permanent education¹, it is noticeable that the spaces of exchange and listening can be potentialized and constitute unique moments for interdisciplinary integration and management of collective work. In addition, they can provide a more global view of the user and care plan establishments that are closer to their needs.

When reflecting on the need to communicate, help the other, observe, improvise, be creative, plan, take action and, consequently, the importance of sharing / collaboration in everyday life, workers demonstrate not only the imperative aspects required in the urgency and urgency, which demands a multipurpose and reality-oriented training¹⁰, but also the quantity and variety of important elements that must be considered in the restructuring

of the Permanent Education policy. Considering the complexity of the health-disease process, it is essential the interaction between the different actors that have overlapping in the health services, since this interaction is determinant of the quality of the care response by potentiating a more comprehensive, meaningful and qualified action. ¹⁸

It is essential that management and workers become aware of the fact that, in the work environment, exchanges of knowledge and experience should be valued and, thus, rediscovering new paths for interventions and health care, since professionalism is seen as a permanent course of learning as long as the individual can appropriate their experiences in the professional. ¹³

Study on the learning of nurses in work contexts identified that professionals learn through: questioning; sharing / discussion; feedback; interaction; experience; error; reflection; experience of significant situations; transfer of knowledge to practice; Note; process of supervision; repetition; experiment of situations; participation in non-formal and formal training; use of hospital / service standards and protocols and bibliographic research. ¹⁹

It is noted that professional practice is a space where knowledge is developed and validated and where professionals transform and develop, demonstrating a high training potential. However, in order for workers to appropriate knowledge from experience, they must have an active role and capacity for reflection and experimentation in everyday situations. ²⁰

During the cycle of meetings, workers' reports indicated a more passive attitude towards the possibility of modifying and improving the reality of work. However, collective reflections have succeeded in making them realize the need for each one's protagonism and the importance of openness to the new and to make it different in everyday life, a fact signaled by the reflections produced in the collective.

The workers, when reflecting on the aspects related to the teaching-learning process, evidenced the dialectics of teaching and learning in which those who teach learn while teaching and those who learn teach while learning. This process of exchange between the subjects involved, sharing of knowledge, experiences and

feelings has as a base the experiences and the professional and personal baggage¹¹ and was signaled by the workers as an active movement in the world of work.

These findings reaffirm that PEH is beyond formal acts and that the work process and the production of knowledge are concomitant. Wherever there are women and men, there is always something to do, there is always something to teach and there is always something to learn demonstrating that the educational processes take place in the other, with the other and the other.

As for the strategies that should be implemented to enhance the teaching-learning process and thus support the restructuring of the policy of permanent education, it was extremely rich the fact that the workers bring the need to potentiate spaces for feedback and listening and using dynamic, active and continuous flow of knowledge methodologies. Even without the clarity of the concept of PEH, workers have shown that they are eager to break with verticalization and succeed in eliminating the difference between what they know and what they do not know, between the possessor of theory and what emerges from practice.²² They hope to distance themselves traditional logic of transmission of knowledge.

The suggestions of the workers, during the cycle of meetings, present similarities with findings in the literature on strategies for the development of PEH, in the proposal of problematization, in which they are mentioned: the trainings based on problematizing discussions focused on the demands of the context and professionals of the health service; team meetings that allow the sharing of information, discussion of clinical cases and collective decision-making for each case, as they constitute spaces for exchange, negotiation and search for consensus; conversation wheels; dialogues exhibitions; group-directed studies; experience reports and narratives and activities using conceptual mapping.²³

The way forward has been to promote the wheels of conversation with the workers, to reflect together and build knowledge from the experiences. The evaluation of the cycle of encounters by the workers was very positive, including, they showed gratitude for the individual opportunity of participation. According to

the statements, the first meeting was very marked both by favoring personal relationships (even a simple fulfillment in the corridors), and by making it possible to recognize that the other is seeking to do what he considers to be the best for the Institution.

It was interesting that the workers mentioned that they were surprised by the proposal developed, including having the view that the HR sector only admits and dismisses. They also reported that they had never participated in similar work in their professional experiences and that, at the beginning, they feared that everything would be very structured / ingrained, but that, really, it was a collective space of self-analysis and collaboration that favored thinking work in health and valued the frontline workers. In addition, they shared that this process raised expectations so that the suggestions could become effective.

It is important to mention that the morning and evening shift classes were able to maintain a constant frequency in the meetings. Already in the afternoon shift, the low participation, in some meetings, was justified by interurrences in the ER, common aspect in this type of service. Gradually, it became clear that the workers became more united and strengthened. The meetings are pedagogical and operate before the homogenizing practices, with exchanges between domains of knowledge and actions, building a universe of educational processes in action, in a continuous and intense flow of calls, deterritorializations and inventions.

The lived experiences provided the workers with the acquisition of a critical conscience, individual and collective, building, from the discussion about the actuation reality, important elements to rethink the educational actions carried out in the RTNH.

For the conductors, open to the unpredictable and leave the meetings as an open product, built in the process of attentive listening of the subjects of interest of the workers, was a source of anguish, but also of happiness for allowing to experience the PEH and to strengthen ties.

The continuity of the proposal is under discussion with the management and the direction for an approach with the coordinators of the ER and the creation of a

space of listening of quality regarding the day to day of the workers.

CONCLUSION

The cycle of meetings was developed from the perspective of movements and less bureaucratized spaces and more potential for reflection and self-analysis, demonstrating that daily reality has an enormous potential to generate changes and improvements in work processes and relationships.

This walk presented itself as an opportunity to trigger reflection, sensitize and give visibility to inventiveness, in a legitimate movement of PEH.

In the discussion of the reality experienced in the ER, the workers expressed empathy for their colleagues and were able to collectively build strategic and innovative alternatives to be implemented, and thus, contribute to the teaching-learning process.

Reflecting with the workers, on the daily work reinforced the willingness to approach and produce experiences that foster the critical and active participation of these subjects in the construction of their knowledge.

With the reflections on the encounter cycle, the group identified that it would be necessary to involve the coordinators of the ER both to offer an PEH experience and thus to stimulate them to understand its effects and importance in the practice scenarios, as well as the discussion of more operational aspects, making it possible to restructure PEH into RTNH. Also, in one of the conversation wheels, the need for the institutionalization of a Permanent Education Center, which is under way.

It is considered that this was only the first step that will have as continuity to foment and make possible many other analyzes, readings and reflections on the subject.

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