





ORIGINAL ARTICLE

PERMANENT EDUCATION IN SUPPORT OF PMAQ-AB*
EDUCAÇÃO PERMANENTE COMO APOIO AO PMAQ-AB
EDUCACIÓN PERMANENTE EN APOYO DEL PMAQ-AB

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ABSTRACT





Objective: to analyze permanent education in support of the Program for Improving Access and Quality of Primary Care in a small municipality. **Method:** this is a qualitative, descriptive and exploratory study in which the data came from semi-structured interviews with 11 higher level professionals, analyzed using the technique of Content Analysis in the Cross-Thematic Analysis modality. **Results:** from the analysis, were identified as relevant nuclei: (1) Knowledge of professionals about permanent education; (2) The development of PMAQ in the small municipality; and (3) Permanent education actions and their contributions to PMAQ. It is revealed that professionals realize the potential of permanent education to induce changes in the work process of teams and health practices, however, face difficulties to envision devices that could be used as a permanent education instrument and with the development of actions in the PMAQ in the municipality. **Conclusion:** permanent education has not contributed in an ideal way by the PMAQ. **Descriptors:** Permanent Education; Health Evaluation; Health Policy; Family Health; Primary Health Care; Unified Health System.

RESUMO

Objetivo: analisar a educação permanente como apoio para o Programa de Melhoria do Acesso e Qualidade da Atenção Básica em um município de pequeno porte. **Método:** trata-se de um estudo qualitativo, descritivo e exploratório em que os dados foram provenientes de entrevistas semiestruturadas com 11 profissionais de nível superior, analisados a partir da técnica de Análise de Conteúdo na modalidade Análise Temática Transversal. **Resultados:** identificaram-se, a partir da análise, como núcleos relevantes: (1) Conhecimento dos profissionais sobre educação permanente; (2) O desenvolvimento do PMAQ no município de pequeno porte e (3) Ações de educação permanente e suas contribuições para o PMAQ. Revela-se que os profissionais percebem a potencialidade da educação permanente para a indução de mudanças no processo de trabalho das equipes e das práticas de saúde, todavia, enfrentam dificuldades de vislumbrar dispositivos que poderiam ser utilizados como instrumento de educação permanente e com o desenvolvimento das ações no PMAQ no município. **Conclusão:** a educação permanente não tem contribuído de forma idealizada pelo PMAQ. **Descritores:** Educação Continuada; Avaliação em Saúde; Políticas de Saúde; Saúde da Família; Atenção Primária à Saúde; Sistema Único de Saúde.

RESUMEN

Objetivo: analizar la educación permanente en apoyo del Programa para Mejorar el Acceso y la Calidad de la Atención Primaria en un pequeño municipio. **Método:** este es un estudio cualitativo, descriptivo y exploratorio en el que los datos provienen de entrevistas semiestructuradas con 11 profesionales de nivel superior, analizados utilizando la técnica de Análisis de Contenido en la modalidad de Análisis Temático Cruzado. **Resultados:** a partir del análisis, identificamos como núcleos relevantes: (1) Conocimiento de profesionales sobre educación permanente; (2) El desarrollo de PMAQ en el pequeño municipio, y (3) Acciones de educación permanente y sus contribuciones a PMAQ. Se revela que los profesionales se dan cuenta del potencial de la educación permanente para inducir cambios en el proceso de trabajo de los equipos y las prácticas de salud, sin embargo, enfrentan dificultades para visualizar dispositivos que podrían usarse como un instrumento de educación permanente y con el desarrollo de acciones en el PMAQ en el municipio. **Conclusión:** la educación permanente no ha contribuido de manera ideal por el PMAQ. **Descriptor:** Educación Continua; Evaluación en Salud; Política de Salud; Salud de la Familia; Atención Primaria de Salud; Sistema Único de Saúde; Sistema Único de Salud.

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*Article extracted from the Course Conclusion Paper of the Specialization in Collective Health << Permanent Education as a support tool to the National Program for Improving Access and Quality of Primary Care >>. State University of Southwest Bahia. 2018.

How to cite this article

Almeida TMC, Santos RMM, Sampaio DMN, Vilela ABA. Permanent education in support of PMAQ-AB. J Nurs UFPE on line. 2019;13:e242036 DOI: <https://doi.org/10.5205/1981-8963.2019.242036>

INTRODUCTION

It is known that health services have been organized around the concept of permanent health education (PEH), considered by the Ministry of Health (MH) as learning at work in which teaching and learning are acts incorporated into daily life, based on meaningful learning and aiming to transform the local reality of professional practices and work organization.¹

Thus, the National Program for Access and Quality Improvement of Primary Care (PMAQ-AB) has been sought since its implementation in 2011 to investigate the actions of EPS within the teams of basic units and management, as well as also use them as a strategy for changes in the development of their actions.²

The program aims to stimulate the change in the care model based on the understanding that the context conditions, as well as the performance of the various actors, can produce significant changes in the ways of caring and managing care that enable the qualification of the teams. For this purpose, this program aims to mobilize professionals, offer and provoke strategies for permanent education and qualification of labor relations.²

Thus, it is necessary that educational processes are inserted in the daily routine of professionals so that the services are prepared to adequately assist the different audiences in need of care. In this sense, it is believed that it is important to think of health work as essential for such a process to become reality in the Unified Health System (UHS), because health work is considered a live work in act³ and, therefore, Knowledge and relationships are essential for the work process to be effective in the production of care and the organization of health care.

PEH is highlighted in this understanding,⁴ presents a relationship between education / work / citizenship. In addition, in order for PEH to become a reality, some assumptions are needed regarding educational processes, such as overcoming the culture of banking education through the pedagogy of problematization,⁵ puts the individual as protagonist and not as a mere spectator of the construction of knowledge.

Publicou-se, nesse sentido, pelo Ministério da Saúde (MH), a Portaria Gabinete do Ministro nº 1.996, de 20 de agosto de 2007, que define a PEH como uma política de formação e desenvolvimento para o UHS, pois tem a função de articular as necessidades dos serviços de saúde e as possibilidades de desenvolvimento dos profissionais, observando as capacidades resolutivas de cada serviço e a gestão social das políticas de saúde. Vivencia-se, dessa forma, pelos serviços de saúde, em seus cotidianos, diferentes experiências no que diz respeito ao processo

educativo, e estas, por sua vez, representam transformações nas práticas e nas relações dos trabalhadores.⁶

Faz-se imprescindível, nessa perspectiva, buscar elementos para aprimorar os processos educativos vivenciados pelas equipes de saúde no desenvolvimento do PMAQ-AB. Resignifica-se, por esse desafio, a EPS nos serviços de saúde, lançando elementos para a qualificação destes serviços, a partir de um processo educativo coerente com as propostas do programa. Percebe-se, no intuito de qualificar as ações de PEH, que é interessante conhecer como estas são vivenciadas pelas equipes de saúde no processo de implementação do PMAQ-AB.

Surge-se, em face dessas considerações, a questão norteadora da pesquisa: “Como a PE contribui para a melhoria da qualidade da PC no município no âmbito do PMAQ-AB?”.

OBJECTIVE

- To analyze permanent education in support of the Primary Care Access and Quality Improvement Program in a small municipality.

METHOD

This is a qualitative, descriptive and exploratory research, conducted from November 2017 to March 2018, in six Family Health Units (FHU) belonging to the city of Amargosa (BA), Brazil.

It is revealed that the data from this research came from semi-structured interviews with higher level professionals who worked in these units.

Eleven higher education professionals who worked in the referred units were listed as participants in the study. Inclusion criteria were defined as: being a higher education professional; work at FHUs in the urban area and participate in the third cycle of PMAQ. Professionals who did not participate in the third cycle of PMAQ were excluded.

The data was analyzed according to the proposal of Content Analysis, in the mode Cross-Thematic Analysis.⁷ This approach consists of a set of communication analysis techniques aiming to obtain, by systematic procedures and objective description of message content, indicators allowing the inference of knowledge concerning the conditions of production and reception of these messages.

For the analysis, the speech was cut out, taking into account the frequency of the themes extracted from the speeches in order to find the main nuclei of meaning whose presence gives meaning to the proposed objective⁷. Three thematic groups were raised: (1) Knowledge of professionals about permanent education; (2) The development of PMAQ in the municipality; and (3)

Permanent education actions and their contributions to PMAQ.

The study complied with the guidelines of Resolution 466/128, approving it by the Research Ethics Committee of the State University of Southwest Bahia under process opinion 2,346,623. For all participating subjects, the Free and Informed Consent Term (FICT) was signed. To ensure anonymity, the speeches with the letter "E" were identified, in reference to the word interviewed, followed by the number according to the sequence of their realization.

RESULTS

For the accomplishment of this study, the professionals of the superior level of the six family health teams of the referred municipality were interviewed, totaling eleven people, most of them female, with working time of more than three years and participant of more than one cycle of the PMAQ.

It is evident that most of the interviewees do not have specialization in the area related to Primary Care and the specializations mentioned cover the following areas: Emergency; Public health; Public health; Pediatrics and Dermatology.

◆ 1st Category: Knowledge of professionals about permanent education

Permanent education is understood by professionals, based on their experience, training and participation in these activities. Thus, some respondents demonstrated a greater understanding.

[...] education to work the daily themes, the daily routine of the unit, the demands brought by the patient or something that has happened from within the community[...]. (E3)

[...] has, in a way, a permanence with the improvement of quality, which aims to expand the service [...]. (E9)

[...] we know how to pass on what we know about health. Do actions like waiting room, lecture. It is to pass the theme that we know, that we think is more important to patients. (E4)

[...]These are activities that can be performed by either nurse, doctor, dentist or any other professional of the unit in order to clarify or make the population recognize or know diseases [...] is taking the information continuously. (E6)

[...]it is, in my view, from the patient's entry into the unit until he reaches me; I think that all this process has to be daily made the question of information, information that leads you to have education, from the form of the hours, the operation of the post, the respect that I will

have to call the elderly in front of the others and it will happen right from the entrance, from the SAME people passing that information to the clients. (E11)

Understanding is also approached, in some words, the concept of permanent education.

[...]It is the type of education we do continuously, in which we try to improve the knowledge of the community or the team of a certain theme or subject. (E01)

[...]the process of permanent education of health professionals, always seeking to keep up with the issues. (E10)

◆ 2nd Category: The development of PMAQ in the municipality

In the development of PMAQ actions in the municipality, several stages are involved in which each subject participates according to their role within the team and their previous experience with the program, as illustrated in the following statements.

[...]PMAQ is always run because there are things that do not depend on us and then there are things that are up to the minute and we have to run after to solve, like the smart map, the signaling of the unit too, the signs identifying in pounds, we also had to do it [...] but it was quiet. I think the first cycle was harder because it was the first time. (E01)

[...]For the development of the PMAQ, everyone has had to work hard to elaborate on the proposed PMAQ things and is thus permanent in the work process that is framed by the PMAQ. (E7)

[...]it was complicated because I didn't know it. I didn't even know what PMAQ was [...] but it was good because I knew the unit, I knew the nurse part, I knew the unit more; Regarding the actions, we moved more to do, so it was important, it was a lot of learning. (E4)

[...]I had a problem here in the unit, because many things were lost. And when I arrived, there were two months left to the evaluation and I had to run to do everything that had been lost. (E02)

[...]we are very focused at the time of PMAQ; That, to me, is the biggest flaw. I think this could be longer all year long this programming. We forget about this rush, it happens to me, I remember I have to feed my notebooks, then I take my notebooks and I have to be pulling things. (E11)

One interviewee (E05) comments on the disappointment of his experience with this PMAQ cycle because there is no practical repercussion of what the program proposes, making it possible to change the local reality. This idea is

complemented by another subject (E09), when he points out the need to invest the PMAQ financial resources in the units in order to improve the structure.

[...]I didn't like it very much. I've heard of it, but when you go for a living, it's very different. And we see that things are very manipulated, it is too much rush to be able to make book covers, to do various collective activities in the period because it is charged, when, in fact, even the intervention matrix itself, none of that is charged to be actually put into practice, so I honestly didn't like it. I felt too charged to handle something in the short term when if we had organized before, had this charge in advance, we could be all in order because it is nothing surreal. (E05)

[...]in my unit, there is a lot left that could be solved with the encouragement of PMAQ, for example, I always say, my stretcher is broken, the window is broken, the dentist's window too, so, Directly, the investments I do not know how they come, how they come, the staff is waiting to receive and the structure also needs to be improved, so I do not know how this unit-level distribution part works. (E09)

◆ 3rd Category: Permanent Education Actions and Their Contributions to PMAQ

During the interviews, some permanent education actions that were conducted as a guiding tool for the development of PMAQ were investigated.

We conducted the AMAQ that was proposed by the Secretariat and we filled out the AMAQ to make a self-assessment of our work process. It was done with all team members with support from our supporter and management. Other actions were through meetings with the supporter and staff to draft the PMAQ process. (E07)

Team meetings to pass to team as it would be, what goals we had to beat meetings to [...] elaborate the intervention matrix, to elaborate the singular therapeutic plan. (E03)

It is clearly perceived, in the statements of two interviewees, the knowledge of the importance of these actions of permanent education as an instrument for the planning of team actions.

[...]With these actions, we were able to adapt some activities that we were not performing, others that we were performing, but not properly and we were able to adjust after sitting down to discuss these activities. (E07)

[...]I believe so, people only remember the PMAQ in relation to money, but I think it has contributed, be valid, we receive incentives,

but yes, at least, in relation to what It was before PMAQ, today we work in an organized way. (E10)

Other statements also point to the contribution of permanent education actions in the election of priorities and the results perceived through the assistance provided, as seen below.

[...]everything that was requested for the unit for the PMAQ was accomplished; Whenever the PMAQ team had here and requested such improvements, the nurse immediately requested that we [...] could do it here, so I did the protocols, the cardiovascular patient risk tracking, we still keep , in relation to PMAQ, the team is developing [...] both for the municipality and the neighborhood here ends up winning, because there are goals that end up helping the service, so I think it has improved a lot as an incentive for both professionals to the unit itself, which ended up winning, and the community, which comes out winning, in fact, the cardiovascular risk itself that ends up being reduced. (E09)

[...]I see my post today, for five years I've been in the same post, very functional, I see an answer in the excellent elderly and in the individuals who assumed that they have to take responsibility for their health [...] The first excellent answer, in my view, is for the individual to quit the post. First, with the help of NASF's professional physical educator, who inserts physical activity, and that, for me, is everything, it's something I hit the key. This is the best answer, but the idea that comes to me, in the matter of our SUS, is that the post has to be full, I think that is not working the actions, nor the PMAQ, if this happens; From my point of view, I think that the less the individual comes to me, it means that he is being self-sufficient, that he is solving his life. (E11)

In this speech, the need for matrix support and the presence of other professionals who contribute to the actions of permanent education, constituting a critical node for the realization of a concrete change is understood.

DISCUSSION

The statements show the importance of permanent education according to the perception of the interviewees regarding its potential for inducing changes in the work process of teams and health practices, involving all professionals, but it is still observed in some You speak, a limitation of the understanding of permanent education when it only encompasses community-oriented educational practices in a timely manner.

It is corroborated, however, that what was found in this study with other work⁹ when we also

point out the lack of knowledge of the term by health professionals and this fact as a problem, since the implementation of the policy has been performed for over ten years.

In the definition of permanent education, PMAQ brings its intrinsic relation to the needs that emerge from work and imply the various aspects that permeate the team, management and population. The AMAQ reinforces this concept by describing it in detail in its document so that professionals reflect on the self-assessment process on the subject.

From the statements, it is verified that the development of the PMAQ is closely related to the work process and its readjustment, as perceived by the interviewees, although many actions go beyond the governance of the team by demanding resources for its application. However, it is noticed that there is in practice no systematic monitoring and analysis in relation to the previous cycle, making this a bureaucratic process without a broader discussion about the improvement of actions.

Nevertheless, there is a distorted understanding and little explored at this stage by some professionals.

According to one of the guiding principles of the PMAQ, it is recommended that it needs to be incremental, providing for a continuous and progressive process of improving access and quality standards and indicators that involve management, the work process and the results achieved by the teams. For this, we consider the experience and results obtained in previous cycles, with revision of the standards. Thus, it is essential that each team carry out monitoring of these indicators in line with the program in the development of the PMAQ in order to promote changes in practice and not just for formal compliance.²

It can be inferred that participants recognize the AMAQ as an important starting point for the planning of other actions and the need to prepare the team to deal with these processes, being essential the figure of the supporter as a facilitator of this learning and intermediary of management actions. Other actions were also highlighted through meetings and the construction of the intervention matrix as capable of contributing to the team.

Professionals adhered to the program guidelines, reinforcing the work process in the principles of PC, based on permanent education, in this study, corroborating the experience report carried out in another municipality.¹⁰

It is emphasized that matrix support emerged from the speeches as a powerful tool as part of the needs, difficulties or limitations of Primary Care teams to provide assistance to users and be responsible for their care.²

Given the above, it is noted from the interviews, the recognition of the potential of permanent education in generating planning from the PMAQ, however, does not appear in the statements, the use of some devices that the team itself can seek, such as telehealth and AMAQ itself suggest.

From this study, it can be observed that the PMAQ was limited to being an evaluation character in the municipality, without exercising its autonomy in relation to activities that should be performed by its competence and the discussion about the necessary improvements, expanding them to the healthcare workers as a way to achieve better outcomes and greater involvement.

CONCLUSION

In this study, it was noticed that the permanent education actions have not contributed in the ideal way in the PMAQ to the teams in Primary Care, considering the few results obtained with the process, being insufficient to transform it into concrete changes.

It is reflected, by the implementation of permanent education in the municipality, the understanding of professionals about the importance of this front to the development of PMAQ in the municipality, however, it is observed, in practice, This potentiality is far from reality, since the process of developing these actions is a mere formality, contributing little to the equation of the problems faced by the Primary Care teams. It was also identified the lack of use of devices by the teams themselves.

It is concluded that the process of development of permanent education actions in the referred municipality occurs in a fragmented way, away from the objectives of the PMAQ and, therefore, only the essential elements that are evaluated in the current cycle, seen as more important because they involve the increase in the transfer of resources and, therefore, are more charged by the municipal.

Therefore, it is necessary to advance to the construction of new research opportunities on the theme, with a view to contributing to overcome the problems found in the study, so that permanent education can, in fact, contribute to the PMAQ and improvement of Primary Care.

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Submission: 2018/07/23

Accepted: 2019/10/01

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