EDUCAÇÃO PERMANENTE NA ESTRATÉGIA SAÚDE DA FAMÍLIA: POTENCIALIDADES E RESSIGNIFICAÇÕES

RESUMO


Descritores: Educação Continuada; Educação Permanente em Saúde; Estratégia Saúde da Família; Atenção Primária à Saúde; Capacitação Profissional; Infecções por Coronavírus.

ABSTRACT

Objective: to explore the potentialities and resignifications of the daily work of a family health team as a scenario for Permanent Education in Health. Method: This is a qualitative, descriptive study, using the cartographic method. It is registered that 13 workers of the Family Health Strategy participated. The data were produced through the focal group and participant observation. Results: it is pointed out that cartography explores three of many possible sense plans: the PEH as a
resource present in the work process in the Family Health Strategy; the construction and reconstruction of the senses of Permanent Education in Health and it reaffirms the relationship between work and the production of knowledge. **Conclusion:** It is understood that the workers have updated and reconstructed the meanings of Permanent Education in Health in meetings, home visits and interaction with users and colleagues. The scenarios of Permanent Education in Health are confirmed as learning settings that can be explored by Permanent Education in Health for the production of new knowledge and the transformation of practices in health.

**Descriptors:** Continuing Education; Permanent Education in Health; Family Health Strategy; Primary Health Care; Professional Training; Coronavirus Infections.

**RESUMEN**

**Objetivo:** explorar las potencialidades y resignificaciones del trabajo diario de un equipo de salud familiar como escenario de Educación Permanente en Salud

**Método:** es un estudio cualitativo, descriptivo, utilizando el método cartográfico. Se registra que participaron 13 trabajadores de la Estrategia Salud de la Familia. Los datos se produjeron a través del grupo focal y la observación participante.

**Resultados:** se señala que la cartografía explora tres de los múltiples planes de sentido posibles: EPS como recurso presente en el proceso de trabajo en la Estrategia Salud de la Familia; la construcción y reconstrucción de los significados de la Educación Permanente en Salud y reafirmando la relación entre trabajo y producción de conocimiento.

**Conclusión:** se entiende que los trabajadores actualizaron y reconstruyeron los significados de la Educación Permanente en Salud en reuniones, visitas domiciliarias e interacción con usuarios y colegas. Los escenarios de Educación Permanente en Salud se confirman como **settings** de aprendizaje que pueden ser explorados por la Educación Permanente en Salud para la producción de nuevos conocimientos y la transformación de las prácticas de salud.

**Descriptores:** Educación Continuada; Educación Permanente en Salud; Estrategia de Salud Familiar; Atención Primaria de Salud; Capacitación Profesional; Infecciones por Coronavirus.
Permanent Education in Health (PEH) is the subject of this article, focusing on the health work process in the Family Health Strategy (FHS). It is known, as a tool to reorient the work process in health, that the PEH has the potential to trigger in workers new ways of operating their work, producing a new reality in the scenario of care practices. To this end, analysis and, at the same time, intervention in the micropolitics of work, i.e., the daily activity of the workers themselves, are required.

The PEH is characterized as a possibility of innovative educational practice, since it proposes the incorporation of teaching-learning in the daily life of health services, aiming to promote changes in educational strategies in which the work process is revalued as a privileged center of learning, placing the professional as a reflective and active actor in the process of building knowledge.

In this context, it is understood that PEH starts from the inconveniences experienced with reality and relies on the previous knowledge of each subject, making possible and necessary a learning called meaningful. In this way, PEH bets on other pedagogical strategies in which the learning context is fundamental for the construction of new ways of operating reality and seeking solutions to daily problems.

It is suggested, by PEH, the construction of a new knowledge capable of recognizing that, besides the structured knowledge, that which is produced in the intercession of the meetings between workers and users in the field of care, also brings a knowledge of the mutual affections that these meetings produce, defined as a socio-affective knowledge that is incorporated and starts to mean data of the reality in which the worker acts. In a publication based on Espinosa, the “intuitive science” was highlighted as the one that makes the synthesis of the knowledge of the third genre, which, according to the author, concerns affections, combined with the second genre, which is the structured, technical knowledge. It is argued that to think of affective knowledge as valid and as a powerful operator on reality is to give visibility to another aesthetic of knowledge, the one that has as an assumption that the affective body is capable of learning from experience and leaves marks that will agency practices in the world of life, especially in health care.

It is assumed that every body has the power to “affect and be affected” from the encounter with other bodies, which can be people, but also objects, art, thoughts and ideas. The encounter is defined as the synthesis of an experience, which can happen at work, in community life, or in any production space of life. It is noted, therefore, that this study will consider that the agencies for

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the production of care can originate in the encounter of the worker with the user. At this moment
the affections of which the body is capable, operating greater or lesser degrees of vital energy, are
affected.

It is understood that positive affections produce joy and, therefore, greater power to act in the
world; already those encounters that produce sadness have the opposite effect, reducing the pow-
er, according to the theory of affection.\textsuperscript{4} It is pointed out that the basis of Permanent Education
(PE) is experience, and care is always produced at the meeting. It is concluded that the work is, in
itself, formative, since it feeds a formative process of high power. It was pointed out, in this per-
spective, by a research that analyzed the role of informal learning and practices in the workplace,
that “informal” learning also plays a significant role in professional development, because it im-
proves individual and team capacity and, consequently, provides improvements in the production of
care.\textsuperscript{5}

The PEH assumes the immersion in the work environment and the attention to knowledge and
affection present in the encounter between the worker and the other, the latter being the user or
someone from his own team. It is stressed that the other is also the community, daily events such
as the birth of a child, an act of violence, a community action, a school, the environment, that is,
everything that makes up the social reality affects the subject. Thus, it is perceived that it oper-
ates mainly in the micropolitical environment of the work process focused on everyday activities.
Micropolitics is understood as the daily activity of each person from their workplace, in the health
unit, territory, home, that is, where the worker meets the user. It is evaluated, as the care happens
based on the encounter, that it is always high intensity and generates knowledge produced at the
intersection between them. It is indicated that it is in the intercessor space that there is the pro-
duction of care and learning. It involves, in the encounters that take place in relationships, at the
moment of clinic, the affection that the bodies produce, that is, the existing relational powers of
oneself and of the other, producing the care.\textsuperscript{6}

This study was designed based on the desire to explore the daily life of the world of work in
health as a space for the production of knowledge and the possibility of carrying out this research
based on a more open perspective, permeable to unexpected events, establishing the challenge of
hotly mapping how, in each territory, relationships, their limits and their possibilities are being
manufactured.\textsuperscript{7}

It is known that the work process in health differs from others due to its subjective characteris-
tic. Thus, it is understood that the work in health is a special work, since the product is consumed
in the act of production, consisting of an immaterial and symbolic good, which is not stored and

\textsuperscript{4} http://www.ufpe.br/revistaenfermagem/
whose health is not able to measure, although often the production of procedures is confused with the production of health.  

When this study was carried out, it was observed in the experiences of the municipal administration and previous experiences, since graduation, by the main author, the lack of educational actions and normative and instituted formation, as well as the inexistence of spaces for institutional discussion of the problems existing in the work process. Two questions for this research were elaborated from this vision: “How do workers mean their work space?” and “How does the PEH and the qualification of workers happen if this experience is not observed?.

**OBJECTIVE**

To explore the potentialities and resignifications of the daily work of a family health team as a scenario for Permanent Education in Health.

**METHOD**

It is a qualitative, descriptive study, based on cartography as one of the knowledge production devices. Cartography presents the possibility of creating research devices with the approximation of the field between researchers and researched and the questioning between theory and practice that reveals itself as truth, thus observing the processuality of daily life. Cartography is characterized as a way of producing knowledge that recognizes this dimension of health work. It proposes to deal with the socio-affective field, which is only possible with a conceptual basis that enables the capture of affections present in the construction of realities. As a research method, cartography is one of the possibilities to study objects of more subjective character, which require researchers to live in different territories, from the perspective of transforming themselves to know, as in the production of knowledge through participative researches of the research-intervention type.

Cartography is thus evident as a form of research that makes it possible to act transversally, not being configured as a ready method, although clues can be found to practice it.

It should be noted that the site of this study was a municipality in the interior of the State of Bahia with a population of 21,817 inhabitants, six FHSs and a Basic Health Unit (BHU). It is registered that the 13 workers of an FHS participated, including doctors, nurses, nursing technicians, community health agents, cleaning assistants and receptionists. This unit was selected for its PEH actions and for presenting the composition recommended by the Ministry of Health (MH).

The data was produced through participant observation and the focus group from January 2018 to March 2019, as the product of a thesis project linked to the State University of Bahia, where the narratives of the processes lived in the care experience were sought, focusing on the protagonism...
of the workers and the users themselves in the production of care. It is known that the field notebook is a widely used tool for the collection of data from primary sources, constituting a fundamental tool for recording observations, narratives and elements that stood out in the field. The study demanded that the reality of the FHS team be taken into account, observing the daily lives of the workers as a task of following the movements and flows that were constituted in the production of care within the FHS.

During the immersion period, the participating observation was carried out with the field notebook, recording narratives through which it was sought to perceive, in addition to objective aspects of work organization, the subjectivity of the workers in the care process in the team's interactions, such as meetings, assistance, guidance among professionals, clarification of doubts, home visit and activities, such as the workshop for the construction of the Municipal Health Plan, which were recorded with the aid of an audio recorder.

The focus group was presented as an opportune tool for the construction of this study, since its brand is the explicit use of the exchange of information and experiences among the members of the group for the production of data and insights that would be less accessible without the interaction verified. Two collaborating researchers, qualified to perform this technique, each strategically positioned to allow its visualization by all participants, participated.

The records were made with the help of audiovisual resources (sound and image recorder), in addition to the notes and reports of the researchers. In view of the volume of information recorded in the logbook and in the interviews, after the first meeting, which lasted one hour and forty minutes, it was verified the sufficiency of the data for the production of the study. The identities of the participants were coded as “Participant 1 (Part. 1)”, “Participant 2 (Part. 2)”, successively.

All participants were previously oriented as to the objectives and importance of this study and the ethical issues were clarified, and later the Free and Informed Consent Terms (FICT) were signed. This study was submitted to the Brazil Platform, approving it under the number CAAE 61486015.9.0000.0055. The ethical recommendations of the 2012 National Health Council Resolution 466 were taken into account.

Some of the PEH’s sense plans were explored in the micropolitics of the FHS’s work process, which were configured, among many others possible, in the course of the production of the data of this survey.

PEH as a present resource from the work process at FHS.
This direction of PEH was pointed out in the focus group on the movement of analysis of health workers themselves.

*PEH is, thus, what happens in daily life, that facts arise, situations arise, clinical cases arise, which can make us start from there, from that principle, to seek other things.* (Part. 1)

I agree with what she said about PEH. As a community health agent, lifelong education is always present. *Permanent education helps the team, the agents, to work in the units, to reach their objectives.* (Part. 2)

It is pointed out that PE should be directed to reduce knowledge gaps and allow the construction of a learning system that supports the development of skills with the promotion of technical and programmatic but also managerial and administrative skills. Thus, an unlimited learning process is constituted, which is based on the experience of daily life, practices and meetings in the function of care. Through this process, technical knowledge is produced, and also a process through the affections that the body is capable of, in its continuous movement of production of the other and of itself, at the same time. It is perceived that the knowledge of the experience incorporated by the worker also modifies it and this is characterized as a process of subjectivation.

This sense was also identified in discussion with the team at various times, surprising the participating observer with the revelations that the universe of performance of the team was taken, at all times, by educational processes at the heart of doing in health. After months of immersion in the unit and with the field notebook, used as a logbook, full of marks of PEH processes (meetings, coffee time, meeting in the vaccine room, home visit), it can be noticed that the way PEH operates in that team was revealing its doing and how it was constituted in the workers’ body. From the field notebook, a record from interactions with the CHAs is highlighted.

*PEH is directly connected to our work. Because we learn at every visit. Every act, everything that you can absorb there of good, is a form of permanent education that you have been performing in proportion in your day to day. All our development.* (Field journal)

It was considered, for its interactive character, in the focal group, as well as for the cartographic production, that the subject and the object are together in the same experience, the knowledge is taken as creation and the research is always understood as intervention, thus, another plan of cartography was drawn: the construction and reconstruction of the senses of the PEH in the process of team work.

I think that [the PEH] is a learning process that, sometimes, we expect to receive from something, from someone, this education, but we end up producing it in our daily lives. And, sometimes, I talk to the staff at the meeting, I’ve already talked to the colleague that we
have so much good data to work with, so much production inside our unit, every day there are cases and cases, good things from us sitting there, gathering the team to discuss and make us grow in our work, using that thing in our daily life and it doesn't happen. (Part. 1)

(Field journal)

The idea of will to work in health and in all experiences of PE is understood as a category that supposes a driving force, the same concept of desire used by Deleuze and Guattari\textsuperscript{15} when they have overcome desire as an instance of production that operates alongside the primary processes, the unconscious, and puts the person in motion in the sense of actions over the world of life.

Thus, it is perceived that the world of work is full of possibilities in which the worker himself can propose himself to experiences, at the level of the micropolitics of his work process, a place that is under his control. Thus, it is pointed out that PE experiences can be carried out independently of management, since it can be self-managed on this molecular level.

It is evaluated that the act of discovering this power itself and the production capacity of your own learning process with the experience make the work an important learning device.

And I have this as a longing, today I talk to the girls that I really wanted to use this, but sometimes there is lack of time, sometimes the day to day, we plan, but something else comes up that ends up getting in the way. So, I see it this way, we are waiting a lot for something, for someone, until the management itself favors this and we forget that we have this production within our service and that we can be using it for our growth. (Part. 1)

Also in this plan, expanding the team's discussions and perceptions about PEH, several concepts that, in a rich, problematized way and associated to the reality itself, were appropriated by the collective as new ways of perceiving the work process as a producer of knowledge, verified through the exchanges between workers, between workers and users, in the meetings, in the courses offered by the MH and the State Health Secretariat.

In this case, PEH can be the exchange of knowledge of several professionals; The health agent with the technician, with the nurse, or even from the doorman, the receptionist. This exchange of knowledge is also part of our daily routine. Not everybody knows everything, as the girls talk, and also nobody knows everything and nobody knows anything, so, this is the question. Sometimes there is knowledge that I know, but that the colleague also knew, but he stayed far away and, then, we end up remembering, so, that's it, the exchange of knowledge is also part of the permanent education for us in our daily lives. (Part. 9)

Another plan is presented from the cartographic exploration of the studied reality: the PEH reaffirming the relationship between work and knowledge production.

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It was noticed that the team workers, little by little, in the focus group, were realizing, in their daily work, how they interact and learn from each other, classifying these moments as PEH.

One thing that happens in permanent education and involves more employees is the home visit, whether with the doctor or the nurse or with another professional. When we are going to make a visit, when we are passing information, the others, both with a resident and with another professional when listening, are learning and, sometimes, the technique speaks something and the CHA already speaks and, there, the technician learns with the CHA and the CHA with the technique. Be it the nurse or the doctor, when they talk to the community, we also listen and it is already a learning for another situation that I will experience, so, this is a very important moment of ongoing education. (Part. 2)

It is understood, among the workers and from them to the users, that there is the formation of a network that connects all the working time. It is stressed that this network is not formal, but implies the constitution of connection flows between workers, as if they were interdependent on each other in their work process. In fact, it is evaluated that there is complementarity, since it is known that specific knowledge is not enough to provide care. It is evident from this research that networks are intrinsic to the work process.

During the research period, the CHA Technical Training Course was also taking place, an activity that sparked new perspectives for the knowledge production process, since it brought the universe of work as a starting point for the production of new knowledge. In this way, PEH was highlighted as an important resource.

The permanent education was what helped the team, the agents, to work in the units, to reach their goals because they were learning with the experience, with the day by day, with the cases, the conversations, with the colleagues, among the nurses, not only CHA with CHA, but CHA with the nurse, CHA with the technician and, there in the team, this is what happens, we always end up talking. (Part. 2)

It is clear, in relation to education through encounter, as Deleuze suggests, quoting Espinosa, that the encounter itself is highly intensive and capable of producing effects among those who meet. One of these effects is mutual knowledge and this is independent of formal planning, requiring the will to analyze and self-analyze work activities and perceive that knowledge about health care is extracted from them.

As the cartographer follows processes and seeks, in events, to perceive the production of socio-affective knowledge, the importance of holding meetings such as meetings of various kinds for the production of new knowledge was already visible.

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As the cartographer follows processes and seeks, in events, to perceive the production of socio-affective knowledge, the importance of holding meetings such as meetings of various kinds for the production of new knowledge was already visible. In this meeting, which took place at the time of the introduction of the vaccine against hepatitis A in the vaccination calendar, the nurse invited the team (CHAs, Nursing technicians and the receptionist) to pass on the information, as it happened in all meetings. The specifics of the vaccine, its target public, doses and other pertinent information were presented.

It is noticeable that “meetings to pass on” can have a limited effect on learning, because they lack the sharing of knowledge and operate with the idea that a professional has the knowledge and meets with others to “pass it on”, that is, transfer this knowledge in a vertical chain. These actions are rejected by the idea of PE, which requires the use of experience and the symmetrical relationship between workers, in which the experience of health agents and users on the body, health and care is as important in the composition of the work process as the one that supposedly holds the scientific knowledge of the subject. It is summarized that if there is no symmetry, exchange and mutual affections, it is not about PE.

The effectiveness of team meetings for knowledge production was also discussed.

The meetings are fundamental. It is no use working without meeting, without discussing. It is a matter of improvement. It creates solutions and alternatives to solve problems. In addition, the meetings promote integration and proximity. The team has the right to meet. (Field Journal)

It is pointed out that the meetings, if they happen with the criteria discussed above that define the PE, can be moments of interactions and connectivities that should give an understanding of the team work process. In this case, the connectivity is identified by the capacity of subjectivation that is produced by team members over the others and by some results presented by the performance that differentiates it from the other teams in the municipality. It is suggested, as much as these meetings approach the guidelines of the protocols that, many times, are based on the process of work centered on procedures, without favoring interactions and respect for the creative meeting between workers and between workers and users, that these meetings proved to be moments that favored the exchange and production of new knowledge.

Another speech is highlighted, given in an intense round of conversations in which the importance of PEH actions was discussed and what would be the moments of knowledge production.

What produces and improves the workers' knowledge is the contact with the users, with the colleagues, with the team, with the working environment itself. PEH is directly connected to our work. Because we learn at every visit. Both residents learn from us and we also learn
from the resident. Because when he tells us about his experience, what happened and we make an association with what we already know, that is a permanent education. (Field Journal)

It can be seen that the affections produced have made other testimonies about learning flow in everyday life.

We end up exchanging knowledge. We take to the patient and the patient brings to us a knowledge. I found it interesting, these days, I, together with the Nursing technique, she went to make a dressing and, then, she was guiding the patient and, thus, I talked about something that I knew and that, in fact, she didn't even know and, then, she spoke like this: "I didn't even know this part, how good it is for us to be exchanging knowledge". She said that what I passed to the patient, she didn't know and ended up acquiring, something, like this, that she didn't know. (Technical course cartography for CHAs)

DISCUSSION

It is evaluated that the fundamental question that cartography captured in the production of data from this research was the demonstration of a new esthetic of care, considering that the knowledge produced by the affective exchanges in the meetings between workers and between workers and users shows the specific nucleus of structured knowledge and also the knowledge that produces the processes of subjectivations, which gives meaning to the body, work and health care.

It is believed that cartography has allowed us to navigate through the scenario of the study and the material produced, exploring them and seeking to perceive, between the lines, the affections that are produced in the meetings, in the spaces of the health unit and outside it, that is, exploring the processes of subjectivation inherent to the work in health. It is pointed out that the FHS, as an energetic machine, destined to vibrate and make vibrate those who approach it, at the same time, seeks to engage them in productive movements, which do not exactly go through the established work process, protocols, pre-established norms, but by affections, and these show evidence of having a great operational force over reality.

It is understood that the presence of the observer in the unit put the PEH theme on the agenda and the workers were able to perceive this presence as a resource in the work process, recognizing the moments in which they learn from each other. It can be considered that the PEH has the capacity to approach a process that aims to put the daily actions of the work into collective analysis in order to promote the processes of change of practices and formation. This is due to the understanding that both the problems present in the territories and those faced in the daily work in

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health are of a complex nature, requiring solutions elaborated from the context lived by the professionals inserted in that reality.\textsuperscript{17}

It should be noted that the cartographer, also subject to the affections, experienced the process of resignifications during the research, constituting his own PEH. It is argued that he, confined initially to the definition that understood the PEH as a set of qualification and/or training processes that take place at a given moment, with a given public, responding to a certain command, reconstructs his notions about the educational processes in the daily work in health, perceiving them as producers of new possibilities of action and subjectivity in the places of production of care or, simply, in the meetings between workers, workers and users and workers and managers.

It is also understandable that workers also rebuild their senses of PEH, since the presence of some elements that go through the work process makes PEH present in the diversity of health work and of the actors in health care production. Therefore, it is worth mentioning that one of the missions adopted by PEH, inserted in Brazil as an ethical-political-pedagogical proposal, aims at transforming and qualifying health care, training processes, health education practices, besides encouraging the organization of actions and services in an intersectoral perspective, also in the FHS scenario.\textsuperscript{18}

The presence of the sense of the banking concept of education, in which individuals become passive subjects in the learning process, in addition to the inertia in the production of knowledge, is highlighted, as management is expected to bring a model, situations or contents that are characterized as PEH. It is noticeable, even in this team, which stands out in the context of the municipality for the production of care, that it still suffers the capture of the biomedical model for not presenting the planning and management of the work process that can produce spaces for PEH actions or moments in which members characterize them as such.

In a recent study, the difficulties in performing PEH actions were demonstrated, highlighting that the act of making people aware of the difficulties faced in PEH actions broadens the critical view of health work, promoting the creation of strategies to overcome them.\textsuperscript{19}

It is noted that most health workers' understanding of what is meant by PEH is loaded with the definition of formal educational processes that take place within a given pattern. It is suggested that in order for the PEH to fulfill its role of producing creative knowledge that leads to new forms of action by workers, breaking with the model of a care centered on instrumental knowledge, it is necessary that this be a production of the encounters, i.e., of affections, knowledge, symmetries and sharing, produced by the encounters of workers and users in the FHS, enabling them to expand the channels of creativity, with great freedom of action.

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Thus, it is pointed out that the sense of PEH, reaffirming the relationship between work and knowledge production, was present in the service, being perceived by the workers, especially in the focus group. It is necessary, reinforcing the role of PEH in its technical and political capacity, to consider that it should be based on interdisciplinarity, providing greater interaction in the health team in order to promote learning and knowledge exchange.\textsuperscript{18} The PEH, guided by the local needs of the team and the community, demands that its actors (workers, managers and users) acquire a greater capacity for analysis, intervention and autonomy for the establishment of transforming practices.\textsuperscript{20}

Thus, it is observed that the PEH, as an ethical-political-pedagogical proposal, aims at transforming and qualifying health care, training processes and health education practices, besides encouraging the organization of actions and services in an intersectoral perspective, also in the FHS scenario. It also assumes the PEH as a pedagogical process committed to changing the work and that is placed as a device for reorganizing the production of care.\textsuperscript{18,21}

It can be seen, among the creative meetings, that the universe of FHS approaches various moments, from an educational activity based on traditional pedagogical models, to a simple meeting, as zones of intense production of knowledge, exemplifying the meeting on the updating of the vaccination calendar, which made it possible to look at them as strategies to seek solutions to the problems faced by the team.

PEH is accepted, with its ability to break with the Cartesian model and its inventiveness, as a proposal for the transformation of professional practices and work organization itself through learning, incorporating teaching and learning in the daily work process. One of the PEH's assumptions is the articulation of knowledge production and care provision, through significant learning, in view of the population's needs and the operationalization of the Unified Health System (UHS).\textsuperscript{22}

This search to know and reveal the actions of PEH in the health work process was made possible by means of a living cartographic process, which contemplates the objective and subjective aspects of reality.

\textbf{CONCLUSION}

It is concluded that, despite the challenges coming from the world of work and the implicit and subjective relationships inherent to the construction of the UHS, PEH is a powerful tool to promote the transformations that are desired by both managers and workers for the improvement of services and the health system. It is known that when PEH is executed at its structural bases, the problematization of reality and the valorization of workers' knowledge and knowledge exchanges become more fluid and allow for more consistent results.
It is pointed out that this study made possible the immersion in the micropolitics of a universe that produces innumerable flows and new con�ormations in the arrangements of the work process and the consequent production of knowledge as a result of the innumerable relationships that are established in that universe. It refers to the intercessor space between workers and between workers and users as a space both for the production of knowledge and for creation and inventiveness through the PEH.

The challenges that stand out in the consolidation of PEH are the distancing from the management of PEH actions and some factors linked to the team’s own work process, such as the capture by the productivist model, not planning moments of meetings with the purpose of evaluating the work, problematizing the reality and destined to PEH actions.

In the practice of PEH, a process of self-analysis has been found by the workers, that is, when analyzing their practices and the daily work process, the worker himself strongly questions how much he is or is not truly a carer. Thus, it is perceived that the pedagogical practice provided by the PEH enables the worker’s subjectivation and the construction of himself as a new subject capable of innovating in his own work process. This is indicated as the aspect that makes the PEH potentially transformative, continuously producing the care and the caregiver.

It is emphasized that PE can be an important device for this purpose due to its pedagogical diversity, the practice extracted from the work and the knowledge produced in the intercessor space of the meeting. It is pointed out that PE is, in fact, an important device of work management and health care.

It is important to point out that this study has as limitation the exploration of the reality of only one team but, on the other hand, without being generalized, an incoherent act with the adopted reference, the cartography presents the meaning of PEH in the micropolitics of the work of a family health team that can keep similarities with processes experienced by other teams, thus being able to contribute to trigger collective PEH processes in other health localities.

CONTRIBUTIONS

It is informed that all authors contributed equally in the conception of the research project, collection, analysis and discussion of the data, as well as in the writing and critical review of the content with intellectual contribution, and, in the approval of the final version of the study.

CONFLICT OF INTERESTS

Nothing to declare.

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Correspondence
Adilson Ribeiro dos Santos

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