



CONSOLIDATION OF THE NATIONAL POLICY OF PERMANENT EDUCATION: AN INTEGRATIVE REVIEW

CONSOLIDAÇÃO DA POLÍTICA NACIONAL DE EDUCAÇÃO PERMANENTE: REVISÃO INTEGRATIVA

CONSOLIDACIÓN DE LA POLÍTICA DE EDUCACIÓN PERMANENTE: REVISIÓN INTEGRATIVA

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ABSTRACT

Objective: to identify strategies for the consolidation of the national policy for permanent education in basic health care. **Method:** integrative review. A search of the LILACS database, the Scielo library and the Digital Library of Theses and Dissertations was conducted. The research was guided by the question << *Which are the strategies adopted in primary health care for the consolidation of the national policy of permanent education?* >> Seven studies published between 2004 and 2012 were selected. An instrument was used for critical evaluation, categorization, and interpretation of the results. **Results:** resources identified for the consolidation of this policy are: the use of innovative technologies and participative teaching strategies. The following challenges are highlighted: greater popular participation, planning of activities, and professional qualification. **Conclusion:** despite the advances achieved with the creation of this policy, there are situations in which service delivery escapes the perspective of integral, humanized, and quality care. **Descriptors:** Education; Primary Health Care; Public Policies.

RESUMO

Objetivo: identificar as estratégias para consolidação da política nacional de educação permanente, na atenção básica. **Método:** revisão integrativa na base de dados LILACS e nas bibliotecas Scielo e Biblioteca Digital de Teses e Dissertações, norteada pela questão << *Quais as estratégias adotadas na atenção primária para consolidação da política nacional de educação permanente?* >> Selecionaram-se sete estudos publicados entre 2004 e 2012. Para avaliação crítica, categorização e interpretação dos resultados utilizou-se um instrumento. **Resultados:** o uso de tecnologias inovadoras e estratégias de ensino participativas são recursos identificados para a consolidação dessa política. Os desafios que se destacaram: maior participação da população, planejamento das atividades e qualificação profissional. **Conclusão:** apesar dos avanços alcançados com a criação dessa política, há situações em que a prestação do serviço foge da perspectiva da atenção integral, humanizada e de qualidade. **Descritores:** Educação; Atenção primária à Saúde; Políticas Públicas.

RESUMEN

Objetivo: identificar a las estrategias para la consolidación de la política nacional de educación permanente en la atención básica. **Métodos:** revisión integrativa de literatura, con búsqueda en la base de datos LILACS, la Biblioteca Scielo y la Biblioteca Digital de Tesis y Disertaciones, y guiada por la pregunta << *Cuales son las estrategias adoptadas en la atención primaria para la consolidación de la política nacional de educación permanente?* >> Para ello se seleccionaron siete estudios publicados entre el 2004 y el 2012. Se utilizó un instrumento para evaluación crítica, categorización e interpretación de los resultados. **Resultados:** el uso de tecnologías innovadoras y estrategias de enseñanza participativas son recursos identificados para la consolidación de esa política. Se destacaron los siguientes retos: mayor participación de la población, planeamiento de las actividades y calificación profesional. **Conclusión:** pese a progresos alcanzados con la creación de esa política, hay situaciones en las que la prestación de servicio huye de la perspectiva de atención integral, humanizada y de calidad. **Descriptor:** Educación; Atención Primaria a la Salud; Políticas Públicas.

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INTRODUCTION

Permanent Education (PE) became a public policy in health due to the broadcast of such proposal by the Pan American Health Organization (PAHO), which aimed at achieving the development of health systems, considering the complex organization of services.¹

The central issue in PE is defining the problem, which is selected based on the analysis of daily life by all professionals involved in care provision. This process occurs continuously, renewing the understanding of health needs, professional practices and the organization of work, with the aim of achieving quality in health care. Thus, the (re)construction of knowledge takes place at and through work, and, consequently, educational and managerial strategies and interventions are established.²

The process of implementation of the Unified Health System (SUS) in the country, and more specifically, the incorporation of the Family Health Strategy, allowed for the development of countless training experiences of health professionals.³ However, the majority of the people who work in UHS services still have an education centered on a fragmented view of the health-disease process, as well as based on the biomedical model. This hinders the practice of integrality, and the achievement of community involvement in care, which are indicated in the principles of the UHS.⁴ Thus, and in response to the need of providing better care to the population and, consequently, quality of service in health care, the Ministry of Health established ordinance No.198/GM/MS. It aimed at the training and development of UHS professionals.⁵

This ordinance established the National Policy for Permanent Education in Health (NPPEH), and assigned the local-regional direction to the collegiate management, configured as the UHS Center for permanent education in health. It has the following responsibilities: to identify the needs for training and development of healthcare professionals; to encourage the transformation of health practice and education in health in the set of UHS and the teaching institutions, to formulate training policies, and encourage the development of instructors and policy makers; to establish a permanent partnership among UHS professionals and services, teachers and students in the field of health.⁶

When the Ministry of Health assumed the

role of developer of policies aiming at the development of human resources in health, some programmes were created as an attempt to improve health care for the population. However, the achieved results were not sufficient to bring about deep transformations, as it was hoped for.⁷ There is a great difference between what is proposed, through the creation of laws, regulations, and other national documents, and its practical realization. Given the above, it is necessary to investigate how the NPPEH is being accomplished. Thus, the objective of this study was to identify the strategies adopted for the consolidation of the NPPEH in Basic Health Care.

METHOD

The present article was drawn from a monograph entitled << Strategies adopted in primary health care for the consolidation of the national policy of permanent education >> apresentada ao Specialization Course in Professional Training in the Field of Health: Nursing, Federal University of Minas Gerais/UFMG. Belo Horizonte, MG, Brazil, 2012.

The theoretical and methodological reference adopted was the evidence-based practice (EBP) and the research methodology selected was that of an integrative review of the literature, which allows the analysis and synthesis of multiple studies published on a certain topic. This methodology also makes possible to identify knowledge gaps that need to be filled through further research, and to make general conclusions about a particular area, in order to apply the best and latest evidence in decision making and to improve clinical practice.⁸

The integrative review was accomplished in seven stages: topic identification and choice of the research hypothesis or question; establishment of criteria for the inclusion and exclusion of studies; sampling or literature search; determination of the information to be extracted from the studies; evaluation of the studies to be included in the review; interpretation of results; knowledge synthesis.⁹

The research was guided by the question << **Which are the strategies adopted in primary health care for the consolidation of the national policy of permanent education?**

Sample was selected from three sources: LILACS (*Latin American and Caribbean Health Science Literature*), University of Sao Paulo Digital Library of Theses and Dissertations, and SCIELO (*Scientific Electronic Library*

Online). The search took place on November 1st, 2012.

The search strategies used for each source are listed in Table 1.

Source	Search strategy	Articles found	Articles selected
Lilacs 1	Permanent education or continued education [words] and basic care or primary health care [words]	26	1
Lilacs 2	"education" or "continued education" or "continued education in nursing" or "continued education in pharmacy" or "continued education in dentistry" [topic descriptor] and "basic care" or "basic care nursing practice" or "basic health care" [topic descriptor]	68	2
Lilacs 3	"policies" or "establishment of policies" or "policymaking" or "public health policies" or "health policies, planning and management" [topic descriptor] and "education" or "continued education" or "education in health" [topic descriptor]	82	1
Lilacs 4	"education in health" [topic descriptor] and "training" or "training of human resources in health" or "training in service" [topic descriptor]	86	2
Scielo	Education or education in health or education based on competency or education based on competencies or education based on the competencies or continuous education or continuous education in nursing or continuous/permanent education or continued education or continued education in nursing or critical education or health education [keywords] and care or health care or basic care or basic health care or basic healthcare or basic health care or basic care: family health care in the context of the unified system or health care or integral health care or primary care or primary health care or basic primary health care or primary health care or primary healthcare or integral primary health care or public health care or atencion basica or atencion basica a la salud or atencion básica de salud [keywords]	44	1
Scielo	Training or training of human resources or training of human resources in health or training in healthcare or training in services or professional training or capacitacion or capacitacion de recursos humanos or capacitacion de recursos humanos en salud or capacitacion en servicio or capacitacion en servicio or capacitacion profesional or capacitacion. Or trainings [keywords] and healthcare or basic care or basic healthcare or basic health care or basic healthcare or basic care: family healthcare in the context of the unified health system or healthcare or integral healthcare or primary care or primary health care or basic primary health care or primary healthcare [keywords]	5	0
USP digital library	Continued education	14	1
USP digital library	Permanent education	11	2
Total		336	10

Figure 1. Search Strategies and results according to each source selected. Belo Horizonte, MG, 2012.

Permanent Education is not a descriptor indexed in the databases, which constituted a difficulty in relation to the search of the sources used in the study. This may have led to a selection bias, in addition to hampering the search and requiring the use of other descriptors such as Continued Education and Education in Health, which were not the focus of research.

The inclusion criteria adopted were: available in full-text, published in Portuguese, Spanish and English, from January 2004 to January 2012, and main approach of the strategies used for the consolidation of the NPPEH in primary health care.

The research sample was initially composed by 10 studies that met the inclusion criteria. However, since three studies were duplicates, the final sample was composed by seven studies.

An exploratory reading of each selected study was conducted. For the development of the stages, the categorization and evaluation

of these studies, and the interpretation of the results, we used an instrument with items based on variables related to: the authors (profession, area of practice, education level, country of origin); the publications (journal title, language, year of publication, type of scientific journal and publication - article, thesis, and dissertation -, study design, source - SCIELO, LILACS and University of Sao Paulo Digital Library of Theses and Dissertations -, level of evidence); and the study (strategies for permanent education in basic health care, objective, result, conclusions, sample and place where the study was conducted).

Regarding the identification of evidence, it was used a classification into seven levels: level 1 - evidences obtained from systematic review or meta-analysis of all randomized controlled trials or from clinical practice guidelines based on systematic reviews of randomized controlled trials; level 2 - evidence from at least one well-defined randomized controlled trial; level 3 - evidence

from well-defined clinical trials without randomization; level 4 - evidence from well-defined cohort and case-control studies; level 5 - evidence from systematic reviews of descriptive and qualitative studies; level 6 - evidence from a single descriptive or qualitative study; level 7 - evidence from opinion of authorities and / or reports of expert committee.¹⁰

Data analysis was descriptive, allowing for the assessment of the quality of evidence about the topic and thus providing a basis for decision-making, and identifying knowledge gaps to be filled by future research.

RESULTS

The final sample was composed by seven articles: five of them were found in LILACS, one in Scielo, and one in the Digital Library of Theses and Dissertations of the University of Sao Paulo.

All [23] authors are Brazilian. 48% of them are nurses, 13% are physicians, 13% are professionals of other areas (nutritionist, psychologist, sociologist), 13% are undergraduates of health sciences (Nursing and Medicine) and 13% it was not possible to identify the profession.

Regarding the qualification level, 13% have a Postdoctoral degree, 22% have graduation degree (including those who have not completed the course yet), 22% have a master's degree, 17% have a Doctor's degree, 4% completed a specialization course, 4% are

post-graduate students (area not defined), 9% it was not possible to identify, 9% are currently undergoing doctoral studies.

Concerning the field of work, it was found that 9% work in the field of assistance, in the Family Healthcare Programme; 48% work in Higher Education Institutions; 17% work in the field of research (are undergraduate or post-graduate students) , and 26% it was not possible to identify their place of work.

With respect to the year of publication, 86% of the articles were published in the last three years, mainly in the year 2010. Relative to the type of publication, 57% are articles published in national-circulation journals and found in the LILACS and Scielo databases; 43% are dissertations found in LILACS and in the University of Sao Paulo Digital Library of Theses and Dissertations. Regarding the type of journal, 75% were published in general health and general education journals and 25% were published in general nursing journals. All studies were published in Portuguese.

43% of the papers follow a quantitative approach (non-experimental studies), 29% follow a qualitative approach, 14% follow a quanti-qualitative approach, and 14% are experience reports. In All studies have showed a low level of evidence (6) according to the adopted classification.¹⁰

Table 2 shows a description of the strategies used for each study as well as the challenges faced and the place where the research was conducted.

Study	Strategies	Challenges	Site where research was conducted
Peduzzi, <i>et al.</i> (2009) ¹¹	<ul style="list-style-type: none"> □ Educational activities related to health care; ✓ Adoption of participative teaching strategies. 	<p>BHUs presented difficulties in generating their own demands for educational activities through identifying their local needs.</p> <p>Expansion of discussions about PEH as a public policy implemented in various sectors and a greater articulation among them.</p>	10 Basic Health Units (BHU) of the City of São Paulo.
Lima, <i>et al.</i> (2010) ³	<ul style="list-style-type: none"> ✓ Facilitator's course with the participation of various professionals; ✓ Use of problematization of practices; 	<p>Process of adhesion to the programme was not uniform among the teams, due to factors such as political party conflicts, dissatisfaction or general demotivation of workers, pressure of daily demands, immutable practices and customs, among others.</p>	Municipal Health Service of Londrina
Faria; Scherlowski (2010) ¹²	<ul style="list-style-type: none"> ✓ Telehealth, an aid tool for professionals of the basic health care network in the state of Rio de Janeiro; ✓ All activities are free of charge; ✓ Use of a virtual learning environment; ✓ Distance education programme. 	<p>Difficulties in inserting regions with no access to the Internet to the project;</p> <p>High turnover of health teams generates interruptions in the process of permanent education, requires constant update of registrations, hindering the work process;</p> <p>Lack of qualified professionals to coordinate and perform the proposed activities.</p>	72 municipalities of the state of Rio de Janeiro.
Cavalcanti (2010) ¹³	<ul style="list-style-type: none"> ✓ Establishment of the Center for permanent education; ✓ The use of Internet, essential for the establishment of the center; 	Not cited	State of Paraiba
Blumm, Rossi e Santana (2006) ¹⁴	<ul style="list-style-type: none"> ✓ Implantation of the project MultiplicaSUS; ✓ Low Project cost, since it is accomplished by workers with previous appointments; ✓ Interactive space, the Ministry of Health <i>intranet</i>, with polls about topic suggestions to guide the debate. 	Not cited	Federal District
Torres, <i>et al.</i> (2010) ¹⁵	<ul style="list-style-type: none"> ✓ Use of the workshop methodology; ✓ Use of ludic dynamics, educational games, case study, and boards for topic approach. 	<p>The differences found in each health unit, regarding the interest and involvement shown by the professionals during educational activities.</p> <p>Inadequate physical area available for workshops;</p> <p>Lack of planning of activities by the unit managers.</p>	Belo Horizonte
Freitas (2011) ¹⁶	<ul style="list-style-type: none"> ✓ Consolidation of the CPE (Center for Permanent Education). 	<p>Occasional presence of representatives of the population;</p> <p>Great distance between the services and the possibilities offered by the permanent education in health;</p> <p>The group is somewhat subordinated to the CPE coordinators;</p> <p>Topics that formed part of the meeting agenda were defined by the coordinators;</p>	São Paulo City

Figure 2. Overview of the studies found, in the period from 2004 to 2012, according to the identification of strategies, challenges and sites where the researches were conducted. Belo Horizonte, MG, 2012.

DISCUSSION

One important tool for the consolidation of the National Policy of Permanent Education is the use of innovative technologies, such as the Internet and, hence, the distance education. The use of these technologies is cited by three studies.¹²⁻⁴

One study characterizes the *Telehealth project* (nucleus Rio de Janeiro), a service considered to be “great” or “good” by the majority of the participants. The feasibility and importance of this project are based on certain characteristics, such as: activities are free of charge, use of the virtual environment and of distance education as a teaching modality, which helps to overcome temporal difficulties. Among the issues that need to be overcome include: lack of internet access, high turnover of health staff and lack of qualified professionals to perform activities such as project.¹²

The National Programme Telehealth was established by Ordinance No. 35 of 2007. It aims at integrating Family Healthcare strategies from different regions of Brazil to Educational Centers by using resources from Telemedicine and Telehealth, thus improving the quality of care in primary care.¹⁷ Several tools are used to assist professionals in their search for knowledge and updated information in various fields.¹²

Another study describes the experience of devising a Center for permanent education and refers to the use of the Internet as a fundamental articulation tool for its consolidation.¹³

There is also the citation of an interactive online space, the Ministry of Health *intranet*, essential for the realization of the training project (MULTIPLICASUS). In this space, there are polls about topic suggestions that are sent to the exhibitors in order to support an approach to the topic and guide the debate.¹⁴

The elaboration of the programme MULTIPLICASUS aimed at achieving the goals and guidelines recommended by the National Policy of Permanent Education in Health. Target audience of this programme is employees of the Ministry of Health who work at central level. It is composed by professionals of different levels, backgrounds and with different experiences accumulated. The greatest challenge of this programme is to teach topics in a participative way, going beyond the historical-critical narrative of the elaboration of the Unified Health System in Brazil.¹⁸

Distance education is an important strategy for the consolidation of permanent education

in face of new technologies and for the pedagogical innovation in education. The growth and incorporation of this feature are due to the introduction of new communication technologies in different areas of knowledge boosted by globalization.¹⁹

This educational modality represents a systematic and organized process that requires several ways of communication among its participants, as well as the formation of groups. It allows for a wide coverage of geographic areas and layers of population, ensuring access to education through technological resources. Its pedagogical proposals are not restricted to imparting knowledge, instead, they help students in the learning process and in learning to learn in a flexible manner, gaining autonomy in relation to space, time, pace and method of learning.²⁰ It is a rather recent educational modality that gained political expression in Brazil through the Law of Guidelines and Bases of National Education (no. 9394/1996). The latter implemented this modality as a regular modality of the national educational system. It is a teaching modality that facilitates self-learning through the use of well-organized teaching resources.¹⁹

Thus, there was the realization that distance education allows the consolidation of permanent education, as it promotes increased dialogue, cooperation among professionals, attention, training and social control. It presents itself as a possibility of democratization of knowledge and practice for health professionals, since it assists, as a strategy, in gaining awareness of advances made in the area of knowledge by ensuring continuous access to information. Moreover, it facilitates learning at work, because the processes may occur via teleconference or videoconference with interactivity.¹⁹

Three studies described educational activities that had been developed in the context of a Center for Permanent Education or in Basic Healthcare Units.^{11,15-6}

One study described educational activities developed in Basic Healthcare Units, where participative teaching strategies were used. However, one of the difficulties reported by the authors was using daily work as an opportunity to learn and look for solutions to the problems faced, an essential aspect in permanent education in health. Another issue was the prevalence of activities directed to a specific professional area.¹¹ Interdisciplinarity is a key element for the establishment of permanent education. In this study, however, there was a deficiency in this aspect.

Interdisciplinarity is defined as a group of disciplines from different areas that aim at identifying a common problem through theoretical approach and joint work.²¹ It is characterized by intense interactions among the disciplines of various areas, and by the mutual collaboration among members of heterogeneous sectors.²² This perspective becomes necessary when one's object of work is the process health-disease-care, and the human being is considered in his multidimensionality.²¹

Thus, applying the principle of interdisciplinarity in educational activities developed at Basic Health Units is crucial for the consolidation of the NPPEH, because it makes possible the realization of integrality, one of the UHS principles. This principle is defined by Article 7 of Law 8080/ 1990 as the articulated and permanent set of preventive and curative, individual and collective actions and services.

The current pedagogical model in permanent education in health (critical analysis of practice through questioning) is an imperative feature for recognizing the training needs of health professionals. For the consolidation of this process, it is essential to incorporate methods and techniques that promote the adoption of a facilitative attitude by the tutor and the co-responsibility of students in the construction of knowledge through the use of technologies.⁷ The participative teaching strategies cited by one study¹¹ are important tools that allow for the process of transformation of service delivery, since it contributes to the improvement of organizational and professional skills, and, as a consequence, increases satisfaction of users with the quality of care provided.⁷

Another study also described the development of educational workshops on a specific subject and their evaluation by the professionals. This kind of resource is suitable for making health professionals reflect upon the reality they are inserted in. Hence, it achieves the goal of permanent education, because it guarantees a space for discussion, knowledge construction and proposals aiming at improving health care. These educational workshops used several resources, such as ludic dynamics, educational games, case study, among others.¹⁵

One study investigated the activities developed at a Center for Permanent Education (CPE). It observed that the institutions of higher education and high schools that participated in the activities focused the discussion mainly on training fields. Another aspect is that some

participants identified the CPE as having a purely bureaucratic function. Permanent education was being seen only as a training process, with no intentions of changing the professional reality. An important fact is that the presence of representatives of the population occurred occasionally. However, the CPE was seen as an important space of articulation, dialogue and agreement for the consolidation of the National Policy of Permanent Education and should be taken better advantage of.¹⁶

The centers for Permanent Education in Health are inter-institutional and local-regional agencies proposed by the Ministry of Health with the purpose of contributing to the progress of the UHS. The objectives of these centers are: to diversify course offerings, encouraging professionals to go beyond the limits of their traditional trainings, clinical practices or management experiences; to make possible the interaction between teachers and students in scenarios of health practice; to promote permanent education of health workers, strengthening the control of society over the health system; and to characterize integral training and integral health care.²³ They also have the following functions to perform:

- To identify the needs for training and to create strategies to strengthen social control, health care and management in health;

- To provide trainings for systems, actions and services managers;

- To make policies and to establish inter-institutional and inter-sectorial negotiations;

- To encourage the transformation of health practices and education in health;

- To establish policies for the training and development of teachers and policymakers;

- To establish permanent arrangement and negotiation among the various UHS professionals;

- To promote cooperative relationships with other local-regional agencies in the states and in the country.²⁴

The following can form part of the Center for Permanent Education in Health : teaching institutions which offer health and education courses; state and municipal managers of health and education; technical schools, public health schools and other training centers of the health secretariats; Nucleus of collective health; teaching hospitals; health services; students, workers, municipal and state councils, and social movements related to the management of public health policies.²³

Contrary to what was found in one study,¹⁶ the centers should be a space for discussion

and collective (re)construction of educational practices in health. Leaders, professionals in training, workers, students or users of health services should form part of this process, and the learning demands should come from these people. The key point is popular participation. The sanitary and educational needs of the population should be considered in social management, favoring the development of autonomy over actions, services, professionals and health managers.²³

Therefore, efforts should be directed to make real in practice the functions of the center for permanent education, especially with regard to popular participation, aiming at enhancing society's control over the health system. Measures should be taken in order to enable this participation, since this matter is secured in the Organic Act of 1990 (Law No. 8080) and in the Federal Constitution of 1988.

Another interesting aspect concerns the sites where the studies were conducted. There is a predominance of large centers of population such as Sao Paulo, Londrina, State of Rio de Janeiro, Paraíba, Federal District and Belo Horizonte.

Data analysis revealed that, despite the advances achieved with the creation of the NPPEH, there are still cases where a great distance between the ideal and the real situation can be noticed, resulting in the delivery of a service that escapes the perspective of integral, humanized, and quality care, as recommended in the UHS principles.

CONCLUSION

Through the analysis of the publications, the following resources were identified for the consolidation of the National Policy of Permanent Education in Health: educational activities planned by health professionals of a Basic Healthcare Unit, permanent education courses for facilitators, Telehealth project, elaboration of a Center for Permanent Education, training project addressed to Ministry of Health workers (MultiplicaSUS), educational workshops, activities developed by a Nucleus of Permanent Education.

Moreover, it was found that Permanent Education in Health is an imperative tool for the consolidation of the Unified Health System. Many difficulties found in the practice should be overcome, such as identification of local needs, greater articulation among the management levels, adhesion of professionals to the educational activities, difficulties in the access to the Internet, and, thus, impossibility of taking part in the telehealth Project, lack of planning by managers of basic

units, and low popular participation. However, it is necessary to continue in the path of permanent education in order to achieve efficient healthcare delivery services, since only this way the real needs of the population will be satisfied.

Researchers should consider the conduction of researches that are not purely descriptive (as we could notice in the literature search). They should conduct studies that assess the effectiveness of the strategies adopted, in order to check whether they are effective or whether other interventions are needed.

Further studies on the strategies adopted in the context of Permanent Education in Health are needed in order to provide a broader view on the consolidation of this policy, especially through the conduction of researches in different regions of the country. Thus, they would be able to compare and contrast differences, and identify possibilities that should be seized.

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