

PRODUCTION OF THE PLAN FOR CONTINUING HEALTH EDUCATION: REPORT OF AN EXPERIENCE IN THE WESTERN REGION OF THE STATE OF SANTA CATARINA

Carine Vendruscolo¹, Denise Zocche², Altamir Trevisan Dutra³

¹Nurse. PhD in Nursing, Professor at Departamento de Enfermagem da Universidade do Estado de Santa Catarina. Chapecó, SC, Brazil.

²Nurse. PhD in Nursing. Professor at Departamento de Enfermagem da Universidade do Estado de Santa Catarina. Chapecó, SC, Brazil.

³Professional in Physical Education. PhD in Public Health. Professor in the field of Health Sciences at Universidade Comunitária da Região de Chapecó (Unochapeco), Chapecó, SC, Brazil.

ABSTRACT: Report of the experience of elaboration of the *Plano de Ações Regionais de Educação Permanente em Saúde* (regional action plan for continuing health education) in the western macro-region of the state of Santa Catarina, in 2014, by representatives of health and education managers, health workers, educational institutions and social control – the four elements (quadrilateral) of training. Twenty-six (26) cities of the region participated in the workshop, being represented by the segments that compose the *Comissão de Integração Ensino Serviço*– CIES (commission for integrating teaching and service). After the end of the activities of the groups, the participants gathered in a plenary meeting for the approval of the proposals submitted. It should be stressed the scarce representativeness of social control in each of the cities, the presence of municipal secretaries of education and the participation of the nursing profession, representing the educational institutions. The experience corroborated the assumptions of the quadrilateral, and the discussions provided significant opportunities for new meetings, translating the complexity, the wealth and the power of Continuing Education movements.

DESCRIPTORS: Continuing education; Health management; Human Resources Training; Public policies.

PRODUÇÃO DO PLANO DE EDUCAÇÃO PERMANENTE EM SAÚDE: RELATO DE EXPERIÊNCIA NO OESTE CATARINENSE

RESUMO: Relato da experiência de elaboração do Plano de Ações Regionais de Educação Permanente em Saúde na macrorregião oeste do estado de Santa Catarina em 2014, mediante o olhar dos representantes dos gestores da saúde e da educação, dos trabalhadores da saúde, das instituições formadoras e do controle social – quadrilátero da formação. A oficina contou com a representação dos 26 municípios da região, tendo representados os segmentos que compõem a Comissão de Integração Ensino Serviço. Após concluídos os trabalhos de grupos, todos se reuniram em plenária para aprovação das propostas que emergiram. Destacou-se a pouca representatividade do controle social em cada um dos municípios, a presença de Secretários Municipais da Educação e a participação da categoria profissional enfermagem, representando as instituições formadoras. A experiência confirmou os pressupostos do quadrilátero e as discussões geraram oportunidades significativas de encontros, traduzindo a complexidade, a riqueza e a potência dos movimentos de Educação Permanente.

DESCRIPTORES: Educação continuada; Gestão em saúde; Formação de recursos humanos; Políticas públicas.

PRODUCCIÓN DEL PLAN DE EDUCACIÓN PERMANENTE EN SALUD: RELATO DE EXPERIENCIA EN OESTE DE SANTA CATARINA

RESUMO: Relato de experiencia de elaboración del Plan de Acciones Regionales de Educación Permanente en Salud en la macrorregión oeste del estado de Santa Catarina en 2014, considerando la visión de los representantes de los gestores de la salud y de la educación, de los trabajadores de salud, de las instituciones formadoras y del control social – cuadrilátero de la formación. El evento contó con la representación de los 26 municipios de la región, siendo representados los segmentos que componen la Comisión de Integración Enseñanza Servicio. Después de concluidos los trabajos de grupos, todos se reunieron para aprobación de las propuestas resultantes. Se ha destacado la poca representatividad del control social en cada uno de los municipios, la presencia de Secretarios Municipales de la Educación y la participación de la categoría profesional de enfermería, representando las instituciones formadoras. La experiencia confirmó los presupuestos de cuadrilátero y las discusiones generaron oportunidades significativas de encuentros, traduciendo la complejidad, la riqueza y la potencia de los movimientos de Educación Permanente.

DESCRIPTORES: Educación continuada; Gestión en salud; Formación de recursos humanos; Políticas públicas.

Corresponding author:

Carine Vendruscolo
Universidade do Estado de Santa Catarina
R. Barão do Rio Branco, 1044 E - 89802-101 - Chapecó, SC, Brasil
E-mail: carine.vendruscolo@udesc.br

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INTRODUCTION

Continuing Health Education (CHE) observes the pedagogical assumptions established by the Pan-American Health Organization and the World Health Organization (PAHO/WHO) during the 1980's, to promote a method of significant learning that presupposes addressing issues that are crucial to the actively involved subjects and players. Therefore, continuing health education proposes to reorganize practices, promoting changes in the daily activities of health teams in the workplace, by examining the critical aspects of this routine based on the specific needs of workers. The approach of CHE is based on a problematizing principle of critical pedagogy⁽¹⁾.

The *Colegiados de Gestão Regional* - CGR (collegiate boards for regional management) later that were later named *Comissões Intergestores Regionais* - CIR (regional intermanaging committees by Decree 7508/2011⁽²⁾), through the *Comissões Permanentes de Integração Ensino-Serviço* (CIES), bodies established by ordinance 1.996/07 that regulates the *Política Nacional de Educação Permanente em Saúde* - PNEPS (National Policy on Continuing Health Education), participate in the elaboration, execution and assessment of the actions carried out by the CHE. The CIES shall be composed by health managers, education managers and workers at the *Sistema Único de Saúde* - SUS (Brazil's Unified Healthcare System), educational institutions that offer health courses and social movements linked to the management of public health and social control under the SUS⁽³⁾.

Therefore, the demands for actions aimed to ensure continuing education submitted by the 26 cities of the CIR and CIES of the western macro-region of the state of Santa Catarina were organized, according to the stipulations of Annex II of Ordinance no 1.996/07, in the *Plano de Ações Regionais para Educação Permanente em Saúde* - PAREPS) - (a regional action plan for continuing health education) completed in 2008 and revised in 2010 in this macro-region. After this period, only a small number of the proposed activities were implemented.

Nevertheless, some members of the CIES of the referred macro-region are actively participating in interventions, in order to implement the actions proposed under the state plan for continuing health education. One of these actions, a state meeting that comprised the 16 health regions in 2014, promoted the III *Oficina para Elaboração do PAREPS na macrorregião oeste* (III Workshop

for the elaboration of the PAREPS in the western macro-region). In this workshop, PAREPS 2010 was resumed and reshaped to meet the needs for training of health workers of SUS and of the territory.

Delimitation of the territory is the first step of this planning process. Thus, the characterization of the population and its health needs implies understanding that health is more than mere absence of disease. To ensure the effectiveness of health educations it is necessary to recognize that the routine aspects of the users' lives influence their health status. Besides, reflecting on the needs for continuing education for a given territory also implies assuming that healthcare systems should be transformed into "spaces for health", more than a mere space for treating illnesses. This social construction must be grounded on the concept of health-disease process and the recognition of individual health needs, beyond the programmatic demands associated to the vital cycle⁽⁴⁾.

The present report intends to describe the experience of elaboration of PAREPS in this territory. It contains the views of representatives of health and education managers, SUS workers, educational institutions and social control - quadrilateral of training/education - that compose the western macro-region of the state of Santa Catarina.

The concept of "quadrilateral" depends on the quality of training, from which depends the observation of criteria related to technical and professional development and the organization of the assistance network. "Each face [of the quadrilateral] comprises a pedagogical summons, a vision of the future, a political struggle and a web of connections. Each intersection leads to training paths"^(5:47-48).

METHOD

The third workshop aimed to the elaboration of PAREPS 2015/2016 was attended by representatives of the 26 cities of western macro-region of Santa Catarina, with one representative of each segment that composes the CIES - management, care, teaching and social control. Thus, 34 individuals participated in the debates: five representing the teaching segment, from higher education institutions (IES) of the region; 12 representing the segment of health management, most of them municipal secretaries of health, members of the CIR and others, and municipal secretaries of

education; three individuals representing social control and 14 representing SUS workers or the segment of healthcare.

The workshop planning was performed by the *Câmara Técnica da CIES*, composed of representatives of the IES, one member of the CIR, one representative of the *Gerência Regional de Saúde da Secretaria de Estado do Desenvolvimento Regional do município de Chapecó* (regional health management of the state department of regional development of Chapecó), representatives of *Hospital Regional do Oeste* (hospital) and one member of *Associação de Municípios do Oeste de Santa Catarina – AMOSC* (Association of the Cities of the western region Santa Catarina). Following some face-to-face meetings and other virtual exchanges, a group activity was planned. The groups were divided according to the segments, and the activity was based on guidelines to help submit continuous health education proposals that represented one or more demands of the segment, at the regional level.

Initially, the PNEPS was conceptually approached, and the segments were organized into three groups. These groups were advised by representatives of the Technical Chamber on how to promote and systematize reflections based on the identification of demands of each region. The social control segment (with less representativeness) was included in the group of the teaching segment. The dynamics used by the groups was the round of conversation and comprised the following elements: action, objective, involved subjects, place, coordinators, schedule, costs and assessment proposal. The groups worked for around two hours to prepare the proposals, and included a moderator and one member responsible for exposing the final proposal in the plenary meeting.

After the completion of the plans, all participants met in the plenary meeting for submitting, advocating and approving the nine new proposals.

RESULTS

The segment management submitted three proposals: training in networks, presentation on basic care in the region and a refresher course for coordinators and managers; the segment healthcare submitted four proposals: training in urgency and emergency network, introductory course to Family Health Strategy teams, postgraduate course in management, and management and health care of workers; and the

social control and teaching segments submitted two proposals: training for advisors, and a forum on health and education. The proposals were discussed by the participants, and introductory course – a new edition addressing also the *Núcleo de Apoio à Saúde da Família - NASF* – and a forum on health and education were considered the most critical proposals, from the perspective of a broader concept of health and the role of the different sectors. The target audience of the forum would include, among others, the members of the CIES themselves.

At the end of the workshop, the Technical Chamber of the CIES reorganized the proposals in order to draft and discuss the projects to be subsequently executed with funds allocated by the federal government to the CIES, with the counterpart of the municipal departments of health and the involved IES.

DISCUSSION

The scarce participation and representativeness of the social control segment of each city, represented by the members of the respective municipal health councils, deserves mention. The participation of users in decision-making bodies in healthcare is a right guaranteed by law in Brazil, by means of a measure called social control, which is especially exercised in the managing councils⁽⁶⁾.

The users of the SUS are the citizens who effectively use the service. Thus, theoretically, any representative of any face of the quadrilateral could be a double representative, which, however, should be avoided to ensure compliance with the principle underlying the law. Other studies⁽⁷⁾ conducted in this territory reveal that the participation of social control is not significant in the managing bodies of some health education processes, and when such participation occurs the representative is not always the user (in the intended sense), but rather another member of the Municipal Health Council (often health professionals or a management representative). The Council itself, in order to meet parity (equal representation) is composed of users, service providers, workers or managers, which compromises the composition of the quadrilateral. Thus, this “quadrilateral” cannot be considered as such, because sometimes it lacks the elements to form the vertices, sometimes there is the intervention of other elements in one segment, configuring what is defined as a prism, more complex than a quadrilateral.

Initially, the experience corroborated the assumptions of the quadrilateral, but the discussions in the groups provided significant opportunities for meetings that translated into prisms, which better elucidate the complexity, richness and power of the movements of continuing health education. One example is the presence of managers from municipal education departments, not expected in such events, but which significantly contributed to the identification of the needs in continuing health education.

It should be stressed that the three IES were represented by professors and students of one professional category, nursing, which can be related to the marked involvement of this profession in the processes of health management and education. Moreover, the number of individuals in the teaching segment, as well as their effective involvement in the movement, brings to mind the need for integration between the areas of education and health at the regional level, and the difficulty to implement such integration because of the many different views and needs is reported in other studies in the territory⁽⁷⁻⁸⁾.

FINAL CONSIDERATIONS

The PAREPS 2014 shall guide the actions in the next two years in the western macro-region. The attendees returned to their cities visibly motivated to carry out the actions discussed, as well as to promote further debates on continuing health education movements.

However, it is expected that, in the formulation of pacts and policies targeted to continuing health education, professionals, students, professors, researchers, teaching and service managers and the community constitute social networks, as prisms, and commit themselves with the development of the territory and, particularly, with the promotion of health.

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