

## STRATEGY FOR THE IMPLEMENTATION OF A PERMANENT EDUCATION PROGRAM OF A SOCIAL HEALTH ORGANIZATION IN PRIMARY HEALTH CARE: AN EXPERIENCE REPORT

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**Abstract:** Permanent Health Education (EPS) is a dynamic process, integrated with the National Health Policy, which aims at technical improvement, personal growth and the functional evolution of workers in the sector. Thus, it is extremely important to implement a solid EPS Policy, as this is a powerful tool for transforming the management of the Unified Health System (SUS). This study aims to report the process of implementation and evolution of an EPS program of a Social Health Organization (OSS) that manages 21 Primary Health Care Units in the city of Fortaleza-CE. This is an experience report covering information from June 2020 to June 2023. The OSS in question provides EPS to all doctors, dentists, nurses and the multidisciplinary team, in accordance with the management contract. In October 2020, it provided face-to-face training on the implementation of the adopted electronic medical record and management workshops for unit managers. In 2021, a virtual distance learning environment was implemented with the offer of the Improvement in Primary Care course (120h) and a short course on Electrocardiogram applied to Primary Care for doctors (16h).

In April 2022, there was a new structure with the adoption of several strategies. In the aforementioned month, there were 10 mini-courses with a workload of 16 hours each and in June 2023 it increased by 3.5 times, therefore, with 35 mini-courses. As for the percentages of approvals, they ranged from 61.4% to 88.6% during the period from April 2022 to June 2023, with some fluctuations. However, with higher values before the application of the new structure. An increase of approximately 16.4% in approvals was observed. EPS enables and contributes to the training of health professionals when formatted based on their needs, making it possible to raise the quality of services provided.

**Keywords:** Permanent education in health. Social organization. Third sector.

## INTRODUCTION

The National Policy for Permanent Education in Health was instituted in 2004 by the Ministry of Health with the purpose of promoting training and development of workers in the Unified Health System (SUS) (MINISTÉRIO DA SAÚDE, 2009). It is a political-pedagogical proposal that favors, for workers, a teaching-learning process within their daily work and must have as reference the needs of the population served. Therefore, its objective is the transformation of professional practices and the organization of work itself, being structured from the problematization of the work process (SILVA; SCHERER, 2020).

Permanent Health Education (EPS) can be mentioned as one of the instruments that drive the construction of learning spaces, in which actors bring their experiences, work process problems, as well as the real health needs of the population, building knowledge collectively (SANTOS; ARRUDA PEDROSA; PINTO, 2016). It presents a scenario that involves the problematization methodology, a team of professionals from different areas of activity, with an emphasis on problem-situations of everyday practices, enabling critical reflections and articulating strategic solutions collectively, and is inserted in the development and consolidation of the SUS (STROSCHEIN; ZOCHE, 2011).

The EPS aims to expand the competence of the professional so that he can, autonomously, solve certain situations encountered in his daily life. It is understood that, in order to achieve these EPS implications in the work process in objective health, the work must be permanent with the professional, allowing him to reflect on his performance and encouraging the management of his actions with an ethical and political posture, through the construction of

their knowledge (FALKENBERG et al., 2014).

It is believed that EPS is an adequate management instrument to develop health services, as it implies constant updating through intentional and planned actions aimed at strengthening knowledge, skills and attitudes, which have repercussions within relationships and processes from the microcosm of the team, to the organizational, interinstitutional and intersectoral practices to be involved in the policies in which health actions are inserted.

It is worth mentioning that EPS is a dynamic process, integrated into the national health policy, which aims at technical improvement, personal growth and functional evolution of workers in the sector (MINISTÉRIO DA SAÚDE, 2009). Thus, it is extremely important to implement a solidified Permanent Education Policy, as this is a powerful tool for transforming the management of the SUS.

In view of the entire context addressed, EPS constitutes an indispensable and necessary strategy for transforming the reality of Primary Health Care (PHC), in the reinvention of work and consequent change in practices, with professional adherence being one of the challenges for its effectiveness. Therefore, in view of the need to develop a permanent training process for PHC health professionals, this study aims to report the implementation process and evolution of the EPS program of a Social Health Organization (OSS) that manages Primary Health Care Units (UAPS) in the city of Fortaleza.

## **METHODOLOGY**

This is an experience report covering information on the implementation and evolution from June 2020 to June 2023 of an EPS program available to health professionals who work in twenty-one UAPS in the city of Fortaleza-Ceará that are managed by an OSS.

The OSS in question provides EPS

to all doctors, dentists, nurses and the multidisciplinary team, in accordance with the management contract that began in June 2020.

Of the 40 hours paid to technical staff professionals, 4 per week must be allocated to EPS.

## **RESULTS AND DISCUSSION**

The management contract with the municipality of Fortaleza began in June 2020 and a period was needed to become aware of the reality of the UAPS and as well as the profile of the professionals admitted and the reality of the enrolled population.

In October 2020, face-to-face training was provided on the operationalization of the adopted electronic medical record and management workshops for unit managers. In January 2021, a virtual distance learning environment was implemented with the offer of the Improvement in Primary Health Care course with a workload of 120 hours and a short course on Electrocardiogram applied to PHC for doctors with a workload of 16 hours.

The Improvement in Primary Health Care course consisted of 15 modules, in which the completion criteria were: watching video lessons, answering questions (quantity varied between modules) and a discursive activity related to the theme of the module and applied to the UAPS where the professional worked. A schedule for carrying out the activities of the modules was made available.

However, low adherence was observed, including several professionals not meeting the schedule, mainly related to the sending of discursive activities during the schedule dispersion period, in addition to the difficulty of monitoring the access of professionals.

In April 2022, there was a new structure with the adoption of the following strategies: the current and planned mini-courses would be in the format of 16 hours (since this is

the number of hours per month that the professional must complete), which would facilitate monitoring, implementation of specific themes for each professional category and at the same time directed to APS, fragmentation of the first course (which was 120 hours) into 16-hour mini-courses, removal of discursive activity and implementation of a questionnaire containing 10 objective questions as an evaluation method, which for To be able to pass the short course and obtain a certificate, it was necessary to obtain a minimum grade of 7.0. All were instructed that the mini-course must be completed by the last working day of each month.

In addition, an electronic questionnaire was applied to the professionals in which they were asked to suggest topics to be worked on in the short courses, taking into consideration, the deficiencies of the professionals and the needs of the population enrolled in each UAPS. This way, a flowchart of mini-courses was constructed for each professional category, starting from the admission of the professional and being updated with each new course offered.

Distance learning allows for a greater reach of people, in addition to making the hours allocated to EPS more flexible and also enabling the use of various technological resources. Thus, it was the strategy used and seen as the best option within the reality of professionals.

Graph 1 shows the quantitative evolution of short courses offered by EPS in the virtual learning environment.

According to Graph 1, the EPS of the OSS under study in April 2022 had 10 short courses with a workload of 16 hours each and in June 2023 it increased by 3.5 times, therefore, with 35 short courses. There are 560 hours of content intended for PHC health professionals.

The non-availability of a new short course

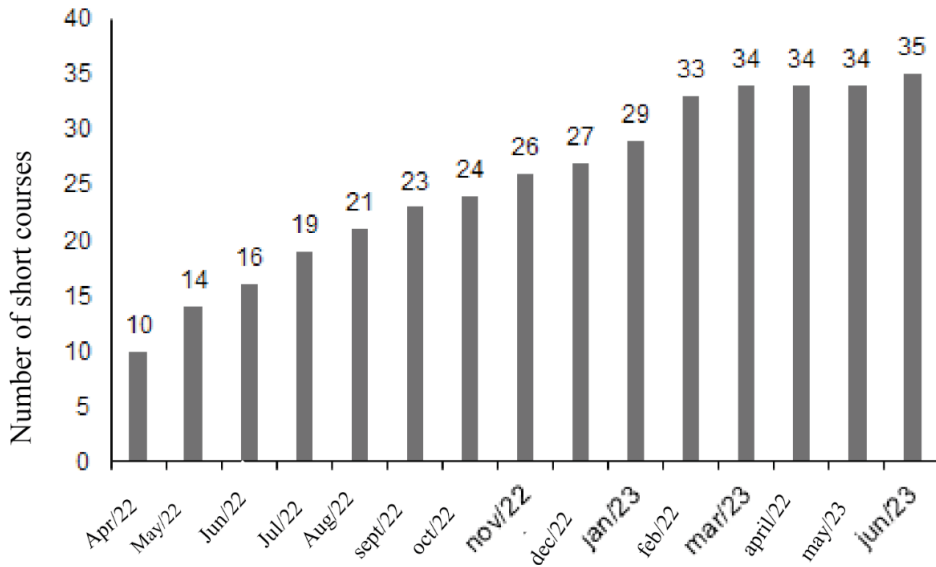
between April and May 2023 refers to the face-to-face moment of lectures with big names in public health and the presentation of scientific summaries constructed by UAPS professionals and evaluated by a scientific committee. This event was called the II Scientific Meeting of Primary Health Care of ICEPES-CEARÁ, with the theme “The challenges for building an inclusive and accessible health”.

Monitoring the execution of the mini-courses is carried out weekly through spreadsheets issued by the platform, in which information is obtained from the professionals who are accessing the mini-courses, as well as the number of hours accessed by each professional on a nominal basis. Those professionals who are not connecting to the mini-courses on the platform are notified via email and the communication platform of the absence of working hours.

As for the approval of short courses by professionals, Graph 2 shows the percentages for the months of April 2022 to June 2023.

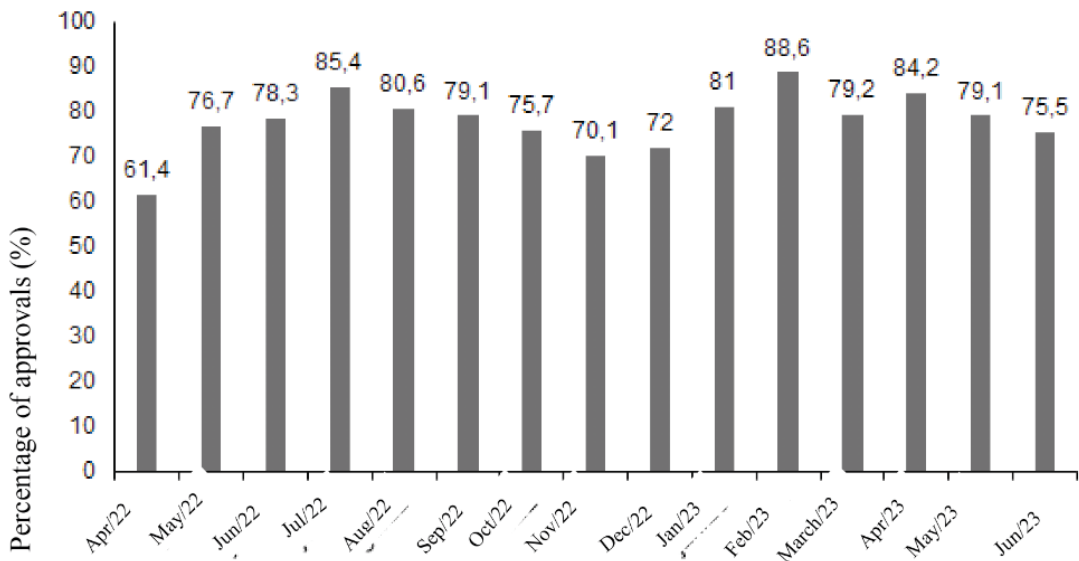
In April 2022, 140 professionals had access to the virtual learning environment, of which 61.4% accessed the mini-course and passed and 38.6% failed. Some strategies were used to improve EPS adherence, such as: sending messages through the chat in the virtual environment, individual meeting with those who failed to support them in any difficulty and encourage them regarding the importance of EPS, in the middle of the finalization period a report is issued from professionals who did not access it and is passed on to the assistance coordinator in the area to verify possible difficulties, application of EPS electronic satisfaction forms, in addition to requesting suggestions for topics to be explored and, finally, the creation of an e-book with experience reports developed in the mini-course of methodology of scientific research in health.

After six months, in October 2022,



Graph 1: Number of short courses offered by EPS in the virtual learning environment from April 2022 to June 2023.

Source: Prepared by the authors (2023)



Graph 2: Percentages of approval in short courses offered by EPS in the virtual learning environment from April 2022 to June 2023.

Source: Prepared by the authors (2023)

169 professionals had access to the virtual learning environment, of which 75.7% accessed the mini-course and passed and 24.3% failed. Therefore, a 14.3% increase in EPS adherence. In April 2023, one year after the applied strategies, 184 professionals had access to the virtual learning environment, of which 84.2% accessed the short course and passed and 15.8% failed. Therefore, there was approximately a 22.8% increase in professionals' adherence to EPS.

According to Graph 2, the percentages of approvals ranged from 61.4% to 88.6%, with some fluctuations. However, with higher approval values before the application of the new structure.

Thus, from April 2022 to June 2023, an average of 77.8% was obtained in the short courses offered by EPS in the virtual learning environment.

## CONCLUSION

The Permanent Health Education (EPS) program of the Social Health Organization was implemented in June 2020 and in June 2023, a year later, it consisted of 35 short courses with a workload of 16 hours each, available in a virtual learning environment.

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Several adherence strategies were applied and it was possible to observe an average increase of approximately 16.4% in approvals for the short courses.

EPS facilitates and contributes to the training of health professionals, making it possible to raise the quality of services provided to users of the Unified Health System. It must be noted that health professionals are not always prepared to deal with the health needs of users, in order to promote the autonomy of the subjects, highlighting the relevance of spaces for permanent education, where they can discuss and deepen their knowledge on the subject in order to improve the assistance provided.

Good adherence to EPS is a possibility of collective reconstruction of the daily work reality and professional practice in Primary Health Care. Thus, the implementation of the EPS program by the Social Organization under study and the positive evolution in the adherence of professionals enable professional transformation through the development of skills and competences and thus qualifies the work process in management by results.