

# Working Education Program in Health: transforming experience of nursing teaching and practice

PROGRAMA DE EDUCAÇÃO PELO TRABALHO PARA SAÚDE: EXPERIÊNCIA DE TRANSFORMAÇÃO DO ENSINO E PRÁTICA DE ENFERMAGEM

PROGRAMA DE EDUCACIÓN POR EL TRABAJO EN SALUD: EXPERIENCIA DE TRANSFORMACIÓN DE LA ENSEÑANZA Y LA PRÁCTICA DE ENFERMERÍA

Débora de Souza Santos<sup>1</sup>, Lenira Maria Wanderley Santos de Almeida<sup>2</sup>, Renata Karina Reis<sup>3</sup>

## ABSTRACT

This is an experience report of tutors from nursing Working Education Program in Health (*PET-Saúde*) from the Federal University of Alagoas, from May 2009 to April 2010. The objective of the nursing *PET-Saúde* was to develop health education actions aimed at the needs of the communities attended by the Family Health Units in Maceio, Alagoas. We conducted a health planning guided by the problem-based methodology. The activities resulted in changes in student learning and in the practice of nurses *PET-Saúde*, indicating the importance of this program for teaching and practice of nursing.

## DESCRIPTORS

Health Education  
Preventive Health Services  
Promotion Health  
Community health nursing

## RESUMO

Trata-se de um relato de experiência de tutoras de enfermagem do Programa de Educação pelo Trabalho na Saúde (*PET-Saúde*) da Universidade Federal de Alagoas, entre maio de 2009 a abril de 2010. O objetivo do *PET-Saúde* enfermagem foi desenvolver ações de educação em saúde voltadas para as necessidades das comunidades atendidas pelas Unidades de Saúde da Família em Maceió, Alagoas. Para isso, foi realizado o planejamento em saúde orientado pela metodologia da problematização. As atividades resultaram em mudança na aprendizagem dos estudantes e na prática das enfermeiras do *PET-Saúde*, indicando a importância deste programa para o ensino e prática de enfermagem.

## DESCRIPTORIOS

Educação em Saúde  
Serviços Preventivos de Saúde  
Promoção da Saúde  
Enfermagem em saúde comunitária

## RESUMEN

Se trata de un relato de experiencia de los tutores de enfermería del Programa de Educación por el Trabajo en Salud (*PET-Salud*), de la Universidad Federal de Alagoas, desde mayo del 2009 hasta abril del 2010. El objetivo del *PET-Salud* en enfermería fue desarrollar acciones de educación en salud dirigidas a las necesidades de las comunidades atendidas por las Unidades de Salud de la Familia en Maceió, Alagoas. Para ello, llevamos a cabo la planificación en salud orientada por la metodología de la problematización. Las actividades resultaron en cambios en el aprendizaje de los estudiantes y en la práctica de las enfermeras del *PET-salud*, lo que indica la importancia de este programa para la enseñanza y la práctica de enfermería.

## DESCRIPTORIOS

Educación para la Salud  
Servicios Preventivos de Salud  
Promoción de la Salud  
Enfermería en salud comunitaria

<sup>1</sup>Nurse. Master. Professor, School of Nursing and Pharmacy, Federal University of Alagoas. Maceio, AL, Brazil. ssdebora@yahoo.com.br <sup>2</sup>Nurse. Master. Professor, School of Nursing and Pharmacy, Federal University of Alagoas. Maceio, AL, Brazil. lenirawanderley@gmail.com <sup>3</sup>Nurse. PhD. Professor, School of Nursing and Pharmacy, Federal University of Alagoas. Maceio, AL, Brazil. renakari2006@hotmail.com

## INTRODUCTION

The implementation of the Unified Health System (SUS) in Brazil, with the Federal Constitution of 1988 and the publication of the Law 8080/90, intensified the discussions about the training of health professionals, since significant changes in health practices are occurring, with significant changes in the process of training and development of health professionals<sup>(1)</sup>.

Change training through work and train professionals to work is a current necessity of SUS, since several studies<sup>(2-3)</sup> point to the reversal of the model of care as a key critical argument of the system, which makes its strengthening difficult. Changes in training impact on an important actor in the system, the future worker, who through objects, instruments and products of their work, have the power to (re)design the primary care model<sup>(4)</sup>.

With the aim of bringing developed academic theory and the training period to the actual needs of the population life, the Ministries of Health and Education in 2005 launched the National Program of Professional Reorientation in Health (*Pró-Saúde*). The program came to stimulate health courses, strategies of teaching-learning that value the interdisciplinary, critical and humanistic training, committed to the everyday reality of health services<sup>(5)</sup>.

Associated with *Pró-Saúde*, the Working Education Program in Health (*PET-Saúde*) was established in 2008 by an initiative of the Ministry of Health in partnership with the Ministry of Education, allowing funding learning tutorials teams with the insertion of undergraduate students in the practice and in the community for an oriented training to the population health needs attended by the Brazilian health system. Operationally, each tutorial group was composed by a tutor, six preceptors (FHU nurses), 12 students with scholarship and 18 volunteer students<sup>(5)</sup>.

The experience reported in this article concerns three tutorial groups of the Nursing course at the Federal University of Alagoas (UFAL), from the first announcement of the *PET-Saúde* (2008/2009). The project developed by the teams returned to the priorities of the Family Health Strategy (FHS) and communities of Maceio, Alagoas, Brazil, using as the main action strategy for education in health, in both spaces of health services and the community.

In the context of change in health training for a more assertive practice in SUS, there is a search to develop processes of critical and participatory education, aiming at social transformation and health promotion. The discussion of the model change required for substantiation of SUS implies the emphasis on a project to promote health, with a broad and integrated health view, with actions directed towards transforming people's conditions of life and their ability to

make decisions<sup>(6-7)</sup>. The substantiation of this project requires looking at four key areas: health conception, management of the working process, training of professionals, and social control, which hold the potential to foster change processes for construction of the health promotion project<sup>(8)</sup>.

Health education is a multifaceted field of knowledge and constitutes a space for training and delivery of knowledge and practices developed and validated in how each culture understands healthy living<sup>(6)</sup>. The nurse professional develops health education as one of his/her guiding principles of health care, substantiating his/her role in various spaces and scenarios, services and community. In this sense, nursing students should be equipped to develop educational practices for health promotion as a priority in nursing training in Brazil, aiming to develop contextualized professional practices, facing the national reality and supported by the principles of SUS<sup>(9)</sup>.

The study aims to report the experience of implementation and development of Nursing *PET-Saúde* and its changing role in Nursing training and strengthening the FHS in Maceio.

## METHOD

The design and development of the project were supported by problem-based methodology<sup>(10,11)</sup>, so that the construction of knowledge was mediated by the practical experience of students participating in the *PET-Saúde*. The educational process problem-based adopted, allowed the contents worked to emerge from reality, contributing to awareness with consequent possibility of transformation of this reality<sup>(10)</sup>.

The planning of activities favored the integration of teaching-research-extension, the teaching-service and the interaction among participants to the planning of actions happen in a continuous, participatory and contextualized manner to the different realities of the FHU.

The work schedule was arranged in two phases: *pre-field* and *field*, that happened, regressed and interleaved according to the needs of the groups. The pre-field phase focused on the first three months of activity, when students were divided into working groups - *Scenarios of practice and research, theoretical and methodological orientation and Communication and Information*. This organization allowed participants to appropriate themselves with planning, communication and group organization strategies, enabling deeper theoretical and methodological themes relevant to the project and that equipped participants for their inclusion in the FHU. Weekly meetings were organized with tutors professors, nurses preceptors and the coordinator of the extension project Action at SUS, this was a relevant space for study and socialization of the entire contents of the project, establishment of commitments among the participants, building schedules, knowledge of reality and needs of FHU

...nursing students should be equipped to develop educational practices for health promotion as a priority in nursing training in Brazil...

involved, defining the strategic themes for conceptual and methodological alignment among participants.

The *field* phase occurred in the next nine months, when students started attending twice-weekly units where their preceptors were. On average, there were about five students for each preceptor. At this stage, the problem-based methodology was used with application of Arc Method<sup>(11-12)</sup>, which considers as a premise of education, the reality of the person, their experiences, their knowledge and prior knowledge, in order to provide cognitive, critical, reflexive and autonomous learners and educators.

Guided by the Arc Method, the project followed the following steps: 1. *Observation of reality*: moment in which the critical view of students and educators assess reality and discuss problems that will be used as moving springs for the teaching and learning process. 2. *Key points*: moment of synthesis after the initial observation, in which important aspects for understanding and delimiting the problem raised are investigated in order to get answers. 3. *Theorizing*: moment of search for scientific knowledge that will clarify issues raised in the previous step. 4. *Solutions hypothesis*: at this moment, the development of action plans resulting from the analysis of the problem, with stimulus of creativity and renewal of knowledge. 5. *Application to reality*: moment when the knowledge collectively constructed with articulation of theory and practice is applied to reality.

## RESULTS

### Project Characterization

The major project of the *PET-Saúde* presented by UFAL was collectively constructed by five courses involved – Nursing, Medicine, Pharmacy, Dentistry and Psychology – taking as a main focus health education to promote quality of life and stimulating social control to exercise the role of the subject in SUS. In this paper, we present the experience of the Nursing course *PET-Saúde*, developed in the reality of Maceio FHS, Alagoas, during its first year of operation (2009/2010).

The UFAL nursing undergraduate course entered the program achieving three tutorial groups from the eight groups approved by the University. The achievement of the greater number of groups by the course was the result of the important work performed by the Alagoas Primary Care Nursing (PC). From the involvement and commitment of professors, students and nurses in the elaboration of the *PET-Saúde* project 2009/2010, integrating with other health courses and establishing partnerships with UFAL sectors and the Municipal Health Secretariat. We also achieved an important function within the project, the general coordination of the UFAL *PET-Saúde* in Maceio, which was under the responsibility of one of the tutors' professors of Nursing during the first year of the program existence.

Following the ministerial standard, each tutorial group was composed of a tutor (full professor with exclusive dedication), six preceptors (nurses from FHU Maceio) and 30 students, of whom 12 had scholarships and 18 were volunteers, totaling 111 participants. All involved have devoted at least eight hours a week to the project. The activities were conducted in eight FHU on the 6<sup>th</sup> and 7<sup>th</sup> Sanitary Districts of Maceio.

With regard to the proposed action, Nursing sought guided by the guidelines of the general project of UFAL *PET-Saúde*, adapting particularities of the course and profession, with purpose to act in the dimensions: *Health Education and Methodology of the Nursing Working Process in the FHS*. Both dimensions have turned to actions of enrichment of the teaching and learning process of those involved, especially for students, and also for reflection and action on nursing practice in the PC.

### Teaching, research and extension actions

The experience of performing the project allowed the establishment of a new view for the many opportunities that the FHS and health training composes to consolidation of SUS. Regarding teaching activities, in addition to group tutorials meetings focused on the reality problem-based, thematic meetings were held for conceptual alignment of tutors, preceptors and students, which stand out health education, Nursing education, the work in health and Nursing and quality of life.

During the reorientation of the training, the Nursing course of UFAL sought approaching between *PET-Saúde* and the Reorientation Program of Health Training (*Pró-Saúde*) in the planning process, since the definition of FHU as scenarios for PET's activities, contemplating and prioritizing those that were already being worked on *Pró-Saúde*, in a clear effort of integration and optimization between two important strategies for change within the health training. In addition, workshops and events were held together for training for professors, nurses and students, purchase of materials and equipment for the FHU and for implantation of Nursing *PET-Saúde* room, joint participation in meetings and events of process evaluation.

As for *research* and *extension* activities, the insertion of students was guided by the performance of situational reality diagnosis of FHU, in order to recognize the real needs of the communities to guide the planning of interventions. Thus, beyond observation and team work, of territory and community performed continuously, a data analysis was conducted through a registration instrument used by community health workers (Form A) and the information of units collected from municipal database, building an initial diagnosis of the professional area, whose purpose was to identify needs and set priorities for health education actions to be conducted. In addition, students had the opportunity to experience the daily work of nurses, along with the Family Health team in the context of the health units.

Empirical observation and data analysis allowed us to highlight profiles of the populations attended by different FHU that, apart from some variations, have similar indicators and represent the health situation of Maceio citizens: poor housing and sanitation conditions, high frequency of sewage and open air garbage, significant rates of violence and unemployment, presence of pronounced illiteracy, school-age children not attending to school, high prevalence of chronic diseases, occurrence of communicable diseases, including sexually transmitted diseases, hanseniasis and tuberculosis, high rate of women without prenatal care, high incidence of teenage pregnancy, early withdrawal of exclusive breastfeeding, among other information, some positive, as the minimum rate of infant mortality.

From the health determinants and conditions identified, we prioritized the feasible needs for *PET-Saúde*. Defining the priorities, the groups investigated theoretically and empirically, raising scientific information and experiences developed by FHU on the problems evidenced, guided by the Arc Method<sup>(12)</sup>.

With this information, the groups collectively planned a program of health education for each FHU, delimiting problems, audience, objectives, methodology and schedule of activities. The actions have been developed in all units quite diversely, even when the public and the problems coincided, revealing the creative capacity of the group and its capability to adapt to the actual situation.

The programs included many actions, which makes it impossible for us to present them here in their entirety. However, some common aspects can be highlighted. The prioritized population groups in the actions were the elderly, children, women, teenagers, chronic diseases holders and nurses from FHU. Each program action had been carefully planned by the students with the tutor, the preceptors and health teams, often relying on the participation of FHS professionals, especially community health workers. The places where the educational activities were performed included the FHU, schools, neighborhood associations, churches, parks and the university campus. The working methodology sought to approach participatory educational strategies mediated through dialogue and respect for different knowledge<sup>(7)</sup>. For this, various tools and educational strategies were developed, mediated by creativity and readiness for dialogue, which affected users and served as a constant stimulus for groups. The educational tools most used were: posters, booklets, movies, productions, music, dynamic, parties, round chat, games, debates, workshops and seminars.

Regarding the methodology of the working process of Nursing, we began the discussion and training of nurses and *PET-Saúde* preceptors in partnership with *Pró-Saúde*, on Nursing Care Systematization (NCS) and other relevant topics to the implementation of this methodology. The trainings was conducted in workshops and courses. After the moment of training, nurses and students began a study

group about Pre-Natal care in order to apply the NCS in nursing consultation to pregnant women attended in the FHS, using the language of the International Classification of Nursing Practice (ICNP<sup>®</sup>).

## DISCUSSION

In the current context of the need for reversion in education and working in health, the theory of problem-based<sup>(11-12)</sup> contributes to the transformation of traditional straight, coercive and uncritical practices into reflective participative practices, favoring the training of people who are able to recognize and act on problems of the reality, with a view to social transformations that transform and give freedom. In the context of higher education courses in health, problem-based training for reorientation is extremely important, as it allows the learning to start and end in social reality, in a movement of action-reflection-action<sup>(13)</sup> which makes the teaching and learning process more effective of future health professionals training.

The *PET-Saúde* activities have contributed to nursing education with an emphasis on Primary Care, the FHS, for a critical, competent and humanistic service in SUS. Although there is consensus that the training of health professionals should be oriented to train professionals for SUS, it has been unrelated to the needs to promote education based on principles and guidelines, perpetuating the hegemonic model<sup>(14)</sup>. Successful strategies to break this model, such as *PET-Saúde* should be encouraged and stimulated.

It is known that such model has influenced even the organization of syllabus. If, in a mechanistic view, the human body is seen as a kind of machine composed of interrelated parts and the disease represents a "breakdown" in one of them, the knowledge needed to deal with it necessarily becomes fragmented, presented in the form of sealed disciplines. In addition, the syllabus content give higher priority to individual health problems, at the expense of collective, disregarding psychological, emotional, historical and cultural factors of human illness<sup>(14)</sup>.

Breaking with this fragmented and restricted concept of the disease/health process, the activities of the Nursing *PET-Saúde* allowed students to learn about the health needs of the population, with a focus on health promotion, based on the positive and expanded concept of health<sup>(6)</sup>. The approach to health indicators of each territory was the triggering element of the work that used the framework of problem-based and the concept of territoriality<sup>(15)</sup>.

The study was guided by the understanding that the interest in the territory in health field is a recent phenomenon, starting mainly from health managers, scholars in management services and workers of these services. Several reasons may have contributed to this phenomenon. Firstly, the Brazilian Sanitation Reform, in particular the implementation of the project Unified Health System (SUS) which stimulated a reflection on the

functioning of the services and, therefore, its territorial base, leading to a greater interest on the delimitation criteria of territories for health.

Under this management view, territory is conceived as a political and administrative area, with greater emphasis on the distribution of space of the processes that are developed there. However, the operationalization of the concept of territory is the main objective of this recovery, leading to a redefinition of the concept of territory used in public health policies. It is in this sense that the rescue of the concept of territory<sup>(15)</sup> reaffirms its importance for the implementation of democratic reform in health, and the territorial basis as one of the most important principles of assistive-organizational of the health system. Therefore, it presupposes limits, organization and participation, to provide a space for exchanges and agreements for quality of life and sense of well-being. Thus, the territory shall be understood as supporting the organization of services and health practices in the sense of co-responsibilities and shared actions for health promotion.

In view of the development of a project to promote health, educational practices oriented to the reality of services and community turned to the problems encountered in the territory. Such problems, objects of interventions from Maceio *PET-Saúde* tutorials group serving as action triggers

that sought to promote health and approach in quality of life, involving actions of empowering communities and workers in decisions about health<sup>(8-9)</sup>.

Regarding the community, the focus on thematic sensitive to territory, such as unemployment, teenage pregnancy and violence, led actions for priority groups in the community, in a movement of stimulus to encourage the healthy living and awareness of personal autonomy. With regard to service workers, the tutorial groups aimed to the instrumentalization of FHS nurses in the use of the NCS/ICNP in Primary Care<sup>(16-18)</sup>, not only as a tool to guide professional practice, but also as a motivator of reflection about the working process itself, leading to an empowered practice.

## CONCLUSION

The Nursing *PET-Saúde* at UFAL has contributed to the training of future nurses, since it enables insertion and practice of students in the FHS, creating links, the development of different competences and knowledge of health planning, according to problem-based education methodologies. Besides that, this program breaks with the traditional model of training in health, guided by a critical and reflective learning to practice view of reality, having in mind SUS' effectiveness through health promotion.

## REFERENCES

1. Cavalheiro MTP, Guimaraes AI. Formação para o SUS e os desafios da integração ensino serviço. Cad FNEPAS. 2011;(1):19-27.
2. Merhy EE. Em busca do tempo perdido: a micropolítica do trabalho vivo em saúde. In: Onoko R, Merhy EE, organizadores. Agir em saúde: um desafio para o público São Paulo: Hucitec; 2007. p. 71-112.
3. Mendes EV. O Sistema Único de Saúde: um processo social em construção. In: Mendes EV. Uma agenda para a saúde. 2ª ed. São Paulo: Hucitec; 2006. p. 57-98.
4. Teixeira CF, Solla JP. Modelo de atenção à saúde: promoção, vigilância e saúde da família. Salvador: Ed.UFBA; 2005.
5. Moraes FRR, Jales GML, Silva MJC, Fernandes SF. A importância do PET-Saúde para a formação acadêmica do enfermeiro. Trab Educ Saúde. 2012;10(3):541-51.
6. Colomé JS, Oliveira DLLC. A educação em saúde na perspectiva de graduandos de enfermagem. Rev Gaúcha Enferm. 2008;29(3):347-53.
7. Machado MFAS, Monteiro EMLM, Queiroz DT, Vieira, NFC, Barroso MGT. Integralidade, formação de saúde, educação em saúde e as propostas do SUS - uma revisão conceitual. Ciênc Saúde Coletiva. 2007;12(2):335-42.
8. Silva KLS, Sena RR, Grillo MJC, Horta NC, Prado PMC. Educação em enfermagem e os desafios para a promoção da saúde. Rev Bras Enferm. 2009;62(1):86-91.
9. Jesus MCP, Santos SMR, Merighi MAB, Oliveira DM, Figueiredo MAG, Braga VA. Vivência do estudante de enfermagem em atividades de educação em saúde. Ciênc Cuid Saúde. 2012;11(3):436-44.
10. Vila ACD, Vila VSC. Trends of knowledge production in health education in Brazil. Rev Latino Am Enferm. 2007;15(6):1177-83.
11. Berbel NN. Problematization and Problem-Based Learning: different words or different ways? Interface Comun Saúde Educ. 1998;2(2):139-54.
12. Beheregaray DSF, Almeida CMA. Metodologia da problematização no ensino de enfermagem: uma reflexão do vivido no PROFAE/RSA. Esc Anna Nery Rev Enferm. 2007; 11(2):318-24.
13. Freire P. Pedagogia da autonomia. São Paulo: Cortez; 2003.
14. Araujo D, Miranda MCG, Brasil SL. Formação dos profissionais de saúde na perspectiva da integralidade. Rev Baiana Saúde Pública. 2007;31Supl 1:20-31.

- 
15. Mendes EV. Distrito Sanitário: O processo social de mudança das práticas sanitárias do Sistema Único de Saúde. São Paulo: Hucitec; 1999.
  16. Barros DG, Chiesa AM. Autonomia e necessidade de saúde na Sistematização da Assistência de Enfermagem no olhar da saúde coletiva. Rev Esc Enferm USP. 2007;41(n.esp):793-8.
  17. Garcia TR, Egry EY. Integralidade da atenção no SUS e Sistematização da Assistência de Enfermagem. Porto Alegre: Artmed; 2010.
  18. Nobrega MML, Garcia TR. Perspectivas de incorporação da Classificação Internacional para a Prática de Enfermagem (CIPE®) no Brasil. Rev Bras Enferm. 2005;58(2):217-30.