Esc Anna Nery 2019;23(3):e20180361

Educational activities in the Program for Education through Work for Health[a]

Atividades educativas no Programa de Educação pelo Trabalho para Saúde

Actividades educativas en el Programa de Educación por el Trabajo para la Salud

Rafaela Braga Pereira Velôso[1]
Josicélia Dumêt Fernandes[1]
Rosana Maria de Oliveira Silva[1]
Ana Lúcia Arcanjo Oliveira Cordeiro[1]
Gilberto Tadeu Reis da Silva[1]
Elaine Andrade Leal Silva[2]

1. Universidade Federal da Bahia. Salvador, BA, Brasil.
2. Universidade Federal do Recôncavo da Bahia. Santo Antônio de Jesus, BA, Brasil.

Abstract

Objective: To describe the educational activities of the Program for Education through Work for Health (PET-Health) developed in family health units of a municipality in the Northeast of Brazil. **Method:** Qualitative study with 16 preceptors interviewed in the months of March and April 2016. Inclusion criterion was adopted: preceptors who worked in family health units linked to the program, for at least two years. Were excluded workers on vacations, maternity leave or on leave for various reasons. The data were interpreted according with Bardin's content analysis method. **Results:** It was evidenced that the PET-Health involves users in health education actions in the formation of educational groups, recreational activities and income generation workshops, and permanent education activities for health service workers through training, collective actions and induction of changes in daily work. **Conclusion and implications for practice:** Educational activities of the PET-Health, according to the reality and needs of health services, is a differential that qualifies the training process of students and workers, while promoting education for the health of users through integrated and intersectoral actions.

Keywords: Health Education; Community Integration; Primary Health Care.

Resumo

Objetivo: Descrever as atividades educativas do Programa de Educação pelo Trabalho para Saúde desenvolvidas em unidades de saúde da família de um município do Nordeste brasileiro. **Método:** Estudo qualitativo com 16 preceptores entrevistados nos meses março e abril 2016. Adotou-se critério de inclusão: preceptores que atuaram em unidades de saúde da família vinculadas ao programa, pelo período mínimo de dois anos. Foram excluídos trabalhadores em férias, licença-maternidade ou afastados por razões diversas. Os dados foram interpretados segundo método análise de conteúdo de Bardin. **Resultados:** Evidenciou-se que o Programa de Educação pelo Trabalho para Saúde envolve usuários nas ações de educação em saúde na formação de grupos educativos, atividades lúdicas e oficinas de geração de renda, e atividades de educação permanente aos trabalhadores de saúde do serviço por meio de capacitações, ações coletivas e indução de mudanças no cotidiano de trabalho. **Conclusão e implicações para a prática:** As atividades educativas do Programa de Educação pelo Trabalho para Saúde, consoante com a realidade e necessidades dos serviços de saúde, é um diferencial que qualifica o processo formativo de estudantes e trabalhadores, ao mesmo tempo em que promove educação para a saúde dos usuários por meio de ações integradas e intersetoriais.

Palavras-chave: Educação em Saúde; Integração Comunitária; Atenção Primária à Saúde.

Resumen

Objetivo: Describir las actividades educativas del Programa de Educación por el Trabajo para la Salud (PET-Salud) desarrolladas en unidades de salud de la familia de un municipio del Nordeste brasileño. **Método:** Estudio cualitativo con 16 preceptores entrevistados entre marzo y abril de 2016. Se adoptó criterio de inclusión: preceptores que actuaron en unidades de salud de la familia vinculadas al programa, por período mínimo de dos años. Se excluyeron los trabajadores de vacaciones, en licencia por maternidad o alejados por razones diversas. Los datos fueron interpretados según el análisis de contenido de Bardin. **Resultados:** Se evidenció que el PET-Salud involucra a los usuarios en las acciones de educación en salud en la formación de grupos educativos, actividades lúdicas y talleres de generación de renta, y actividades de educación permanente a los trabajadores de salud por medio de capacitaciones, acciones colectivas e inducción de cambios en el cotidiano de trabajo. **Conclusión e implicaciones para la práctica:** Actividades educativas del PET-Salud, según la realidad y necesidades de los servicios, es un diferencial que califica el proceso de formación de estudiantes y trabajadores, al tiempo que promueve educación para la salud de los usuarios a través de acciones integradas e intersectoriales.

Palabras clave: Educación en Salud; Integración Comunitaria; Atención Primaria a la Salud.

Corresponding author:
Rafaela Braga Pereira Veloso.
E-mail: veloso.rafaela@yahoo.com.br

Submitted on 12/17/2018.
Accepted on 05/09/2019.

DOI: 10.1590/2177-9465-EAN-2018-0361

INTRODUCTION

The activities of health education are part of a construction and reconstruction process of knowledge, with a focus on actions that assist in citizenship, in the autonomy of caring for people, groups and communities, as well as in the exercise of social control. For that purpose, educational practices in health are advocated in an aspect which is dialogic, emancipatory, participatory, creative and anchored in the inherent subjectivity of human beings.[1]

In addition, educational activities in the community exert a strong influence on people's daily lives and in the facing of the health-disease process. In this sense, it is worth emphasizing the need and desire of the population for a space of information, knowledge, development of the potential of each subject, interrelationships abilities, humanitarian values and citizenship.[2]

Studies suggest that educational intervention mediated through dialogue and conversation maps is an educational strategy that improves knowledge about the disease and adherence to treatment. In this way, it can be implemented at all levels of health care and offers the user the means to develop self-care skills and effect the behavioral changes necessary to improve the quality of life.[3,4]

However, in order to achieve these goals successfully, educational activities for health promotion require individual and collective initiatives and, above all, intersectoral commitment. Actions developed jointly by the sectors of education, health, social assistance, environment and other possible partnerships collaborate to enable effective implementation and induce transformative health education practices.[5,6]

Educational activities in the field of health should be developed in an integrated way, with the perspective of knowing and empowering cultural aspects, ways of feeling, thinking, wanting, acting, dreaming and fighting of those who work and those who use health services. They must start from concrete experiences of theories and of methodologies of education and of democratic and shared management.[7,8]

In this perspective of reorientation of health practices, stands out the Program for Education through Work for Health (PET-Health), instituted in 2008, as a result of the partnership between the Ministry of Health and the Ministry of Education, which aims to favor the teaching learning process by means of tutorial groups, of a collective nature, interdisciplinary, multidisciplinary teamwork (nurse, doctor, dentist, physical educator) and offer educational actions such as: educational groups, waiting rooms, lectures in schools, handing out pamphlets and education on health care at home, and occurred in the training scenarios for the Unified Health System (named in Portuguese Sistema Único de Saúde-SUS).[9]

The participation of higher education institutions in PET-Health is done through tutors (teachers), preceptors (health workers) and monitors (undergraduate students in the health area). The monitors are responsible for the development of teaching, research and extension activities under the guidance of the preceptor more directly and of the tutor in a more indirect way. The experience seeks to disseminate knowledge relevant to Primary Health Care (PHC), along with initiation to work activities, through a positive attitude towards the community and the service workers.[10]

Studies on PET-Health highlight the need for early insertion of students in public health services, in favor of contextualized learning.[11] Thus, it stimulates interprofessional work, being considered a program articulator of meetings that places students from different backgrounds together in real work situations. The importance of interprofessional and collaborative work, teaching-service-community integration and the reflection on the practices driven by/for the change in the formative process in health are also emphasized. Strategies such as these are essential for the training and improvement of professionals for SUS.[12,13]

The implementation of educational activities by the participants of the program is relevant, as it is fundamental to ensure and strengthen the SUS guiding principles and directives, especially: integrality, longitudinality and coordination of care by health teams in the Family Health Strategy (FHS).[14,15]

In this context of reflections that permeate the development of educational activities in the exercise of preceptorship, it is questioned: What are the educational activities developed in PET-Health? Since the health education process is part of the need for professional qualification based on SUS principles and guidelines, this study aims to: describe the educational activities developed in PET-Health.

METHOD

This is an exploratory-type study with qualitative approach. As participants, were intentionally selected 18 professionals who performed as preceptors of PET-Family Health between the years of 2009 and 2014, in Bahia, Northeast region of Brazil. Of which 16 professionals were interviewed, one refused the invitation and another was on medical leave.

The time cut is justified by the time the program was implemented in the region. The following inclusion criteria were adopted: preceptors who had worked in family health units linked to PET-Health, for a minimum period of two years. Exclusion criteria were: workers who were on vacation, maternity leave or away from work for various reasons.

The locus of the research were two Family Health Units (FHU) located in the rural zone and seven in the urban area of the municipality of Feira de Santana, in neighborhoods near the named in Portuguese Universidade Estadual de Feira de Santana - UEFS, all linked to PET-Family Health

UEFS, with a minimum of two years of implementation of the mentioned Program. The choice of the health services sought to contemplate the urban and rural zones, which allowed visualizing the specificities of the performance in the ascribed territory of the health unit. In the case of those located near the UEFS, reference was made to the verbal information obtained from ex-PET employees, PET employees, tutors and preceptors of PET-Health in relation to the retaining of professionals in these units and linking of the health units to the program.

Prior to data collection, authorization was requested to enter the field through the Municipal Health Department, for the coordination of all health units that were part of the research. The research was approved by the Research Ethics Committee of UEFS, Bahia, respecting Resolution 466/12 and Resolution 580/2018 of the National Health Council, by means of an opinion issued on February 22, 2016, registered under number 1,418,548 and CAAE No 50653215.0.0000.0053. All participants signed the Informed Consent Term.

The contact with the health team was initiated through the presentation of the researchers and the research project. After the identification and location of the preceptors, visits were made to the health units, in order to approach the field of study and explain the intention of the research, objectives and importance of participation in the study.

The collection of information was carried out by the main author and occurred in the period of March and April of 2016, through a semi-structured interview. The interviews took place in person, recorded in digital audio format, with a recorder, in a reserved place in the work environment of the participants, with the prior written authorization. At that moment, were ensured the privacy and were previously determined the schedules for the interviews.

It was used an interview script prepared by the authors composed of two parts, the first one addresses the characterization data of the professionals, location of the health unit, professional training of preceptors and the period of participation in PET-Health in order to outline the profile of participants. The second part presented the following guiding question of the study: how are educational activities developed in PET-Health? The interviews had an average duration of 40 minutes, were recorded, stored and transcribed in full, after authorization of the participants. Apparently, the interviewees were comfortable to report their experiences as preceptors. At the end of the interview, the participants had the opportunity to listen to the recordings to authorize the transcription.

Data collection was interrupted when the saturation point of the data was reached. This occurred from the moment that the non-appearance of new facts was verified and that the concepts of the object of the study were well developed.[16]

The results were presented in aggregate form, not allowing the identification of the participants and they were filed in the Núcleo Integrado de Estudos e Pesquisas do Cuidar/Cuidado - NUPEC (Integrated Nucleus of Care Studies and Researches in free translation) in "UEFS" and should remain for at least five years. To guarantee the anonymity of the participants, the alphanumeric system E was used, followed by the number, according to the order of occurrence of the interviews from E1 to E16. There were no direct or indirect financial beneficiaries.

For the analysis of the information, the Content Analysis technique of Bardin[17] of the categorical type was used in three phases. In the first phase, of pre-analysis, skimming the text was done, in order to verify if all were related to the objective of the research. Subsequently, the probable units of records or themes that constituted the *corpus* of the study were highlighted.

In the second phase or phase of coding/exploration of the material, the interviews were systematically analyzed with the identification of the context units, allowing exact description of the pertinent characteristics of the content. Subsequently, the codification and definition of categories and sub-categories were made. In the third phase, the results were treated with inference and interpretation, attributing meaning to the qualitative analysis of the categories.

RESULTS

Sixteen preceptors were interviewed: 13 nurses, two dental surgeons, a physical education professional and a doctor, between the ages of 30 and 62 years.

It is possible to complement, with regard to the participants, that five of them reported having participated in other PET lines, such as PET-Networks, Mental and Maternal-Child Health; and 15 had specialization, five of them in Public Health / Family Health / Collective Health, being the others specialists in different areas. Three preceptors finished the master's and one was studying for a doctorate.

Based on the analysis of the preceptors' interviews it was possible to describe the educational activities developed in PET-Health of the mentioned municipality. They were divided into two categories and three subcategories, namely: Health education activities for users, with their subcategories: activities in educational groups; recreational activities; and income generating workshops. The second category was named Activities of continuing education in health in the SUS.

Health education activities for users

In this category, the participants described some of the educational activities developed by them in the field of PET-Health, which were grouped into three subcategories presented below:

Activities in educational groups

We made a group of adolescents, a group of the elderly with Hyperdia [hypertensive and diabetic], a group of pregnant women. We were able to continue these health promotion groups (E5).

[...] we performed several practices here, groups of pregnant women, group of adolescents, in the group of pregnant women [...], so always group activities, group of hypertensive and diabetic people from the unit [...] (E6).

We did activities, groups in schools, PET contributed to the activities of the PSE, which is the Programa Saúde nas Escolas [School Health Program in free translation]*, so we talked about oral health, we talked about the importance of disease prevention [...] (E7).*

[...] we always tried to stimulate group activities, we always tried to do preventive activities [...] (E10).

[...] we did [...] educational groups, we had parody for the Ministry of Health of the group of walking, we made folders (E14).

[...] we set up groups, the last project was of mental health so we would work on this issue, we also formed a group of elderly people in the asylum [...] (E15).

Recreational activities

[...] we took the people to the theater, we took walks, we went to the Antares Observatory, yeah... we went to that park, we brought Cuca's Play here to the square, so we were not limited to this issue of the lecture [...] (E6).

[...] we used an audiovisual resource like, cinema sessions, with themes focused specifically on health, so I always looked for this technological resource for adolescents as well (E9).

[We] promoted differentiated actions with more innovative resources, more playful activities, we were able to add knowledge to groups that already existed, create new groups [...] (E13).

Income generating workshops

[...] we did a pet bottle workshop, taught to recycle material [...] (E6).

[...] we built a garbage collection space, because the garbage truck did not go down in some places, did not have access, we went there and built, together with the community, a space for people to put garbage [..] (E9).

[...] we had the construction of the community garden, that the community had access to this garden, the community itself brought the seedlings and also took when needed, and we used the moment and talked about phytotherapy, medicinal plants (E16).

Activities of continuous education in health for SUS

In this second category, the participants talked about some continuous education activities developed within the scope of SUS and emphasized the importance of training for health workers.

[...] the practices developed were workshops for the CHA (community health agent) and for the staff of the unit, as well as training on various subjects related to the themes requested by the team (E3).

[...] we trained the community agent, in fact, we really need him/her because he/she is our link to the community, so in all PET activities, everyone was involved: nursing technician, doctor, dentist, nurses, everyone was involved in PET activities (E7).

[...] one of the demands that we had was the matter of methodology for the production of scientific work, PET encouraged us to produce works, so it needed this support, this update, as well as several other areas (E11).

[...] we trained with the CHAs on mental health, depression, because the agents were having some problems in this regard in the community itself and they demand a lot of things, and they are the link with the community, being able to help in this change of reality [...] (E13).

DISCUSSION

The educational activities developed by the participants, within the scope of PET-Health, involve the leadership that is fundamental in the entire process of the program's implementation and of group dynamics, coordinating individual and collective activities. Health education activities for users have been reported with the development of Activities in educational groups, Recreational activities and Income generating workshops, as well as Continuing Education activities for SUS workers.

It is important to highlight that the actions developed in PET-Health, cited by the preceptors participating in the study strengthen the actions of teaching-service-community integration, through activities that involve teaching, research, university extension and social participation, using theoretical and methodological elements of Interprofessional Education, contemplating the political-pedagogical projects of undergraduate health courses.[18]

In this sense, when working with the training of educational groups focused on preventive activities and health promotion, preceptors reiterate that these are successful and consolidated strategies to stimulate the quality of life and change the health situation of people with acute or chronic diseases and with social needs. There are activities involving undergraduates and health workers, such as groups with specific health care conditions, examples of groups of pregnant women, hypertensive and diabetic users.

The health education activities developed in PET-Health for SUS users are essential for community strengthening and integration, as they reinforce the service to the needs of these people and enable them to make use of the services and participate actively in the search for solving social problems.[19]

It should be emphasized that these activities may occur individually or in groups. These last ones constitute spaces of informal discussion on subjects of interest on the part of the health team and the users, in a relation of horizontality. This process must be triggered by a multiprofessional team in order to improve individual and collective health, besides contributing to the construction of autonomy.[20,21]

The creation of educational groups, also called operative groups, consists in promoting activities that aim to interfere in the health-disease process of the population, to develop individuals' critical awareness about their living and health conditions, share knowledge and experiences, and favor processes to organize and implement change actions.[22]

Educational groups, as a modality of collective care to the population, have become frequent in health services, due to their recognition as a practice of health education. Collective care involves, through established interpersonal relations, the constitution of subjectivity and psychism, the elaboration of knowledge and learning in health.[23]

Still on the carrying out of the educational groups, these are considered one of the main strategies adopted by the health teams to promote the health of the people with chronic diseases. Developed by over 60% of the teams surveyed, these actions have become a routine practice in PHC and can intensify health education processes, facilitate linkages, and promote adherence to treatment.[23,24]

Therefore, it is evident that the protagonism of the subjects involved is an important part of the educational process and, in order for it to occur in fact, it is essential to use strategies that are dialogic, attractive, creative and pertinent to the reality of those involved.

In the preceptors' reports, the activities of walking in parks, observatories and theaters in public squares were mentioned, which were identified as recreational activities, these are different from the practices of education of specific groups in the spaces of health care. These activities are designed to stimulate and make learning more enjoyable, as well as stimulating creativity and promoting interactive and engaging moments.[25] They stand out among educational activities because they are innovative and creative, but no more important than the others.[26]

The promotion of recreational activities also facilitates learning, personal, social and cultural development, contributes to mental health and prepares for a creative inner state, facilitating the processes of socialization, communication, expression and knowledge construction.[21,22] In this perspective, the offer of this type of activity promotes the union of the multiprofessional health team and enables interaction with other sectors of society in general, which shows its importance for community development and integration. In addition, it provides opportunities for the valorization of leisure spaces available in the municipality, as well as others potentially relevant to coping with health problems.[27]

The offer of recreational activities, together with the performing of workshops and conversation circles, expresses this new look that is given to health education, with emphasis on the use of active methods that can reach students and educators to promote knowledge and effective change of attitudes. These new methods aim to subsidize the work carried out by health professionals in PHC.[28]

The good results achieved through the promotion of recreational activities show that a simple and low-cost intervention could help improving the user's knowledge about healthy habits and risk factors for cardiovascular diseases, such as the need to include leisure activities in their daily lives and improve the quality of life. They are therefore useful for the planning of preventive strategies.

Income generation workshops, such as recycling of material, organization of garbage collection space and creation of community gardens, cited by the participants of this study, are other alternatives for the promotion of educational activities to health service users. It is a proposal for the emancipation of the subjects, with the purpose of stimulating the development of autonomy and the reflection on the ways of life and the social practices. This type of educational practice stands out, especially in mental health, for the socialization and inclusion of individuals and collectivities in the work world.[29]

It can be affirmed that income generation workshops are characterized by actions to promote health in order to overcome difficulties, to valorize the individuals' abilities and autonomy in the process of health construction.[29,30] To this end, it is important to develop actions that foster the construction of a viable scenario for the creation of jobs and income, capable of opening a new perspective of economic activity oriented to the needs and limitations of users, as well as implementing interventions appropriate to the users' life context.

Thinking a way to the challenge of generating income based on the context experienced by each user requires focus on the productive capacities of a given social environment. This element indicates to the health team a path for interventions in reality, subjectivity, interaction and promotion of equality.[30]

The development of Continuing Education for health workers was highlighted by preceptors as one of the axes of action of the PET-Health. The training of community agents and other staff members addressing issues of interest to the group, such as issues on depression and mental health, were cited by the preceptor.

The Continuing Education in Health (CEH) is presented as an education strategy characterized as a process of participatory and transformative management that relates learning, service and education, which contributes to professional development, management of the sector and social control in the field health.[31]

The CEH emerges as the problematization of daily life in the face of the workers' questions, or the daily challenges faced by the teams, which raise themes for further discussion. In this sense, one of the contributions of the CEH in the work practice of the FHS is related to the possibility of identifying failures and trying to solve them through problematization.[20] It is emphasized that in order to have an effectively meaningful learning and, consequently, an integral attention, it is essential the reflection on the practices of assistance, teaching, management and popular participation, as well as articulation between these segments.

Therefore, the challenge of CEH lies in stimulating the development of workers in their context and their responsibility in the continuous process of education. To do so, it is necessary to review educational methods, by predicting and providing systematized and participatory processes, based on the work space scenario, in which thinking and doing form the basis of the work process.[32]

In this perspective, CEH aims to favor the relationship between teaching and service, as well as strengthening health care and encompasses the axes of training, management, development and social control. Workers become protagonists of everyday life in health services, transforming contexts, building and deconstructing knowledge.

The preceptors interviewed stressed the importance of the activities offered by the various social actors of the Program, especially with regard to educational actions with students. They also described activities such as the promotion of creative workshops to modify the lived experience.

In this conformation, there is greater integration of health workers with different professional categories in search of the same objective, which allows the sharing of common interests and the collective construction. This scenario contributes to new knowledge and intervention possibilities on the situations that generate educational actions.[33]

This process, therefore, of learning at work involves the construction and deconstruction of the teaching-learning process in a context of health practices in which students, health workers, preceptors and service users are given feedback in search of the subjects' autonomy in the process of health construction.

It is considered as limitation of this study the impossibility of generalizing the universe of educational activities in PET-Health, since this context refers to a certain reality. However, these are activities that can be taken as a reference for other scenarios in which PET-Health actions are developed.

FINAL CONSIDERATIONS

The development of educational activities in PET-Health contemplates both health education activities for users, which includes educational groups, recreational activities and income generation workshops, as well as continuing education activities for SUS workers, among them, training, updating and interdisciplinary teamwork.

Therefore, it can be affirmed that the accomplishment of educational activities will constitute a differential not only for the users of the health services, but also in the formative process of the students and health workers. Thus, it is fundamental to invest in this scope, in order to value educational actions, especially in primary care, that arouse the critical and reflective participation of all the actors involved.

It is important to emphasize that educational activities developed in PET-Health collaborate to integrate teaching, health service and community, besides giving to the PHC's health workers the opportunity to reflect on daily work. This is considered a potential learning space based on the context, that is, on the reality and needs of public health services.

This study contributes to the incentive to carry out educational activities in the health field, especially in the daily life of the SUS. This offer translates into the need to promote the quality of life of the population through integrated and intersectoral actions.

FUNDING

To the Fundação de Amparo à Pesquisa do Estado da Bahia (FAPESB), for the granting of a master's degree scholarship to Rafaela Braga Pereira Veloso, during the development of the Master's Course in Public Health of the Postgraduate Program in Public Health of the State University of Feira de Santana, Bahia in the period from July 1st 2015 to July 31st 2016.

ACKNOWLEDGMENTS *IN MEMORIAM*

To Professor Maria Geralda Gomes Aguiar, who tutored the study conception that originated the Dissertation, entitled "Práticas dos preceptores no Programa de Educação pelo Trabalho para a Saúde: (des)integração ensino, serviço e comunidade", sustained in the year of 2017, in the Academic Master's Course in Collective Health of the Postgraduate Program in Collective Health of the State University of Feira de Santana, Bahia.

REFERENCES

1. Lamus-Lemus F, Correal-Muñoz C, Hernandez-Rincon E, Serrano-Espinosa N, Jaimes-deTriviño C, Diaz-Quijano D, et al. The pursuit of healthier communities through a community health medical education program. Educ Health [Internet]. 2017 sep; [cited 2018 dec 01]; 30(2):116-25. Available from: https://doi.org/10.4103/efh.efh_283_14
2. Horney JA, Bamara S, Macik ML, Shehane M. EpiAssist: service-learning in public health educationEduc Health [Internet]. 2016 mar; [cited 2018 dec 11]; 29(1):30-4. Available from: http://dx.doi.org/10.4103/1357-6283.178925
3. Lu CH, Tang ST, Lei YX, Zhang MQ, Lin WQ, Ding SH, et al. Community-based interventions in hypertensive patients: a comparison of three health education strategies. BMC Public Health [Internet]. 2015 jan; [cited 2018 dec 03]; 15(33). Available from: https://doi.org/10.1186/s12889-015-1401-6
4. Lafrance T. Exploring the intrinsic benefits of nursing preceptorship: a personal perspective. Nurse Educ Pract [Internet]. 2018 nov; [cited 2018 dec 13]; 33:1-3. Available from: http://dx.doi.org/10.1016/j.nepr.2018.08.018
5. Maceno PR, Heidemann IT, Schulter B. Unveiling the actions of nurses in primary health care groups. Texto Contexto - Enferm [Internet]. 2016 dec; [cited 2018 dec 05]; 25(4). Available from: http://dx.doi.org/10.1590/0104-07072016002140015
6. Akerman M, Franco de Sá R, Moyses ST, Rezende R, Rocha D. Intersectoriality? IntersectorialitieS!. Ciênc Saúde Colet [Internet]. 2014 nov; [cited 2018 dec 07]; 19(11):4291-4300. Available from: http://dx.doi.org/10.1590/1413-812320141911.10692014
7. Bortoletti APG, Duarte ERM, Ferla AA, Ferreira GE, Dias MTG. Monitors' perception on education program for interprofessional healthcare work - PET-health. Esc Anna Nery [Internet]. 2016 abr/jun; [cited 2018 dec 04]; 20(2):254-260. Available from: http://www.eean.edu.br/detalhe_artigo.asp?id=1390
8. Kleba ME, Colliselli L, Dutra AT, Muller ES. Interpretive trail as a health education strategy: potential for intersectoral and multiprofessional work. Interface (Botucatu) [Internet]. 2016 mar; [cited 2018 dec 07]; 20(56):217-226. Available from: http://dx.doi.org/10.1590/1807-57622015.0339
9. Mitchell C, Ridgway L, Sheeran L. Preceptor Education for Specialty Community-Based Nurses: a pre and post evaluation. J Contin Educ Nurs. [Internet]. 2018 mar; [cited 2018 dec 01]; 49(3):111-118. Available from: http://dx.doi.org/10.3928/00220124-20180219-05
10. Santos LV, Brasil ML. Education and Health from an Interprofessional Perspective: Education Program for Work for Health - Health Care Networks - PET-RAS. Ciênc Saúde Colet [Internet]. 2018 jul; [cited 2018 dec 12]; 23(7):2453-2454. Available from: http://dx.doi.org/10.1590/1413-81232018237.29862016
11. Rézio LA, Caetano DAF, Borges FA, Fortuna CM. The PET-Networks as transformer of practices of a Psychosocial Care Center. Interface (Botucatu) [Internet]. 2017 mar; [cited 2018 dec 01]; 21(60):89-98. Available from: http://dx.doi.org/10.1590/1807-57622016.0109
12. Madruga LMS, Ribeiro KSQS, Freitas CHSM, Pérez IAB, Pessoa TRRF, Brito GEG. O PET-Saúde da Família e a formação de profissionais da saúde: a percepção de estudantes. Interface (Botucatu) [Internet]. 2015; [cited 2018 dec 09]; 19(Suppl 1):805-816. Available from: http://dx.doi.org/10.1590/1807-57622014.0161
13. Rézio LA, Moro TN, Marcon SR, Fortuna CM. Contribuições do PET-Saúde/Redes de Atenção Psicossocial à Saúde da Família. Interface (Botucatu) [Internet]. 2015; [cited 2018 dec 10]; 19(Suppl 1):793-803. Available from: http://dx.doi.org/10.1590/1807-57622014.0673
14. Omer TA, Suliman WA, Moola S. Roles and responsibilities of nurse preceptors: perception of preceptors and preceptees. Nurse Educ Pract [Internet]. 2016 jan; [cited 2018 dec 01]; 16(1):54-9. Available from: http://dx.doi.org/10.1016/j.nepr.2015.07.005
15. Bengtsson M, Carlson E. Knowledge and skills needed to improve as preceptor: development of a continuous professional development course - a qualitative study part I. BMC Nursing [Internet]. 2015 oct; [cited 2018 dec 13]; 14(51). Available from: https://doi.org/10.1186/s12912-015-0103-9
16. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health Care [Internet]. 2007 sep; [cited 2018 dec 02]; 19(6):349-357. Available from: http://dx.doi.org/10.1093/intqhc/mzm042
17. Minayo MCS. Sampling and saturation in qualitative research: consensuses and controversies. Revista Pesquisa Qualitativa [Internet]. 2017 abr; [cited 2019 mar 19]; 5(7):1-12. Available from: https://editora.sepq.org.br/index.php/rpq/article/view/82/59
18. Bardin L. Análise de conteúdo. São Paulo: Edições 70; 2016.
19. Gadelha AKS, Barreto ICHC. Integrated residency in Health: perception of the players with emphasis on Family and Community Health. Interface (Botucatu) [Internet]. 2018; [cited 2018 dec 01]; 22(Suppl 1):1339-1351. Available from: http://dx.doi.org/10.1590/1807-57622017.0183
20. Botelho FC, Guerra LDS, Pava-Cárdenas A, Cervato-Mancuso AM. Pedagogical techniques in food and nutrition groups: the backstage of choice process. Ciênc Saúde Colet [Internet]. 2016 jun; [cited 2018 dec 11]; 21(6):1889-1898. Available from: http://dx.doi.org/10.1590/1413-81232015216.08862016
21. Silva LAA, Soder RM, Petry L, Oliveira IC. Educación permanente en salud en la atención básica: percepción de los gestores de salud municipal. Rev Gaúcha Enferm [Internet]. 2017 mar; [cited 2018 dec 13]; 38(1). Available from: http://dx.doi.org/10.1590/1983-1447.2017.01.58779
22. Bravo P, Adrian E, Paul JB, Isabelle S, Glyn E, Marion M. Conceptualising patient empowerment: a mixed methods study. BMC Health Services Research [Internet]. 2015 jul; [cited 2018 dec 03]; 15(252):1-14. Available from: https://doi.org/10.1186/s12913-015-0907-z
23. Gazzinelli MF, Souza V, Fonseca RMGS, Fernandes MM, Carneiro ACLL, Godinho LK. Educational group practices in primary care: interaction between professionals, users and knowledge. Rev Esc Enferm USP [Internet]. 2015 apr; [cited 2018 dec 04]; 49(2):284-291. Available from: http://dx.doi.org/10.1590/S0080-623420150000200014
24. Kessler M, Thumé E, Duro SMS, Tomasi E, Siqueira FCV, Silveira DS. Health education and promotion actions among teams of the National Primary Care Access and Quality Improvement Program, Rio Grande do Sul state, Brazil. Epidemiol Serv Saúde [Internet]. 2018 jun; [cited 2018 dec 07]; 27(2):e2017389. Available from: http://dx.doi.org/10.5123/s1679-49742018000200019
25. Santos CAA, Paro CA. The interface between theatrical productions and health education in the context of primary health care. Rev Ed Popular [Internet]. 2018 jan/apr; [cited 2018 dec 01]; 17(1):169-180. Available from: http://dx.doi.org/10.14393/REP-v17n12018-rel05
26. Maranhão T, Bonetti OP, Daron VLP, Torres OM. Spaces of Health and Culture: the experience of the World Social Forum and the Tents of Popular Education in Health. Interface (Botucatu) [Internet]. 2014; [cited 2018 dec 01]; 18(Suppl 2):1175-1186. Available from: http://dx.doi.org/10.1590/1807-57622013.0472
27. Paula ME, Garcia TMB, Anders JC, Luz JH, Rocha PK, Souza S. Playful activities in health care for children and adolescents with cancer: the perspectives of the nursing staff. Esc Anna Nery [Internet]. 2016; [cited 2018 dec 15]; 20(3):e20160073. Available from: http://www.scielo.br/scielo.php?pid=S1414-81452016000300218&script=sci_arttext&tlng=en
28. Atuyambe LM, Baingana RK, Kibira SPS, Katahoire A, Okello E, Mafigiri DK, et al. Undergraduate students' contributions to health service delivery through community-based education: A qualitative study by the MESAU Consortium in Uganda. BMC Med Educ [Internet]. 2016 apr; [cited 2018 dec 11]; 16(123):1-12. Available from: https://doi.org/10.1186/s12909-016-0626-0

29. Thiel A, Thedinga HK, Thomas SL, Barkhoff H, Giel KE, Schweizer O, et al. Have adults lost their sense of play? An observational study of the social dynamics of physical (in)activity in German and Hawaiian leisure settings. BMC Public Health [Internet]. 2016 aug; [cited 2018 dec 01]; 16(1):1-14. Available from: https://doi.org/10.1186/s12889-016-3392-3
30. Santana CS, Gíssia GG, Paulini MCC, Tavares MFL. Geração de trabalho e renda como estratégia de Promoção da Saúde: o caso das mulheres mastectomizadas em Nova Iguaçu, RJ, Brasil. Ciênc Saúde Colet [Internet]. 2016 jun; [cited 2018 dec 04]; 21(6):1921-1930. Available from: http://dx.doi.org/10.1590/1413-81232015216.07932016
31. Muniz MP, Abrahão AL, Tavares CMM. O controle da Sereia: trabalho e geração de renda em Saúde Mental. Revista Pró-UniverSUS [Internet]. 2017 jul/dez; [cited 2018 dec 02]; 8(2):51-57. Available from: http://editora.universidadedevassouras.edu.br/index.php/RPU/article/viewFile/1144/867
32. Silva KL, Matos JAV, França BD. The construction of permanent education in the process of health work in the state of Minas Gerais, Brazil. Esc Anna Nery [Internet]. 2017 jun/dec; [cited 2018 dec 14]; 21(4):e20170060. Available from: http://dx.doi.org/10.1590/2177-9465-ean-2017-0060
33. Pasila K, Elo S, Kääriäinen M. Newly graduated nurses' orientation experiences: a systematic review of qualitative studies. Int J Nurs Stud [Internet]. 2017 jun; [cited 2018 dec 06]; 71:17-27. Available from: https://doi.org/10.1016/j.ijnurstu.2017.02.021
34. Lalonde M, McGillis HL. Preceptor characteristics and the socialization outcomes of new graduate nurses during a preceptorship programme. Nurs Open [Internet]. 2017 jun; [cited 2018 dec 02]; 4(1):24-31. Available from: http://dx.doi.org/10.1002/nop2.58

[a] This study was extracted from the master's dissertation titled "Practices of preceptors in the Education for Work for Health Program: (dis) integration of teaching, service and community", presented to the Postgraduate Program in Collective Health of the UEFS in the year 2017, by Rafaela Braga Pereira Velôso.