

TRAINING AND PET-SAÚDE: SPEECH, HEARING AND LANGUAGE STUDENTS' EXPERIENCES IN BAHIA

Formação e PET-Saúde: experiências de estudantes de Fonoaudiologia na Bahia

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ABSTRACT

Purpose: to understand the conceptions of UFBA's speech, hearing and language students which participated or still do of Working Education Program in Health, and discuss their perceptions regarding the potential and the limits of this program for their training. **Methods:** it's a qualitative research, and the data were produced from the focus group. The students were divided into 2 groups, with 6 students in one and 4 in the other, totaling 10 subjects. **Results:** the students' conceptions regarding training presented the following themes: learning through the relationship between theory and practice; permanent process of learning; and reflection of experiences. About the potential of PET- Saúde, were identified four themes: the recognition of health needs; the experience of new learning practices; the significant understanding of comprehensiveness; and the teamwork and interdisciplinarity. Regarding the limits, the students exposed the precariousness of the health system of Salvador; low participation of preceptors; incompatibility of schedules and conflicting relationships between preceptors and the other professionals who were not in the project. **Conclusion:** the subjects understand training not only as technical and scientific knowledge. Concerning the potential, stands out the importance of spaces within the university for interdisciplinary work and new learning practices. About the limits, the precariousness of the health system interferes in students' learning, harming the actions. Thus, to restrict the practices of PET - Saúde only to engaging students in health services does not guarantee a change in training, reinforcing the need to consolidate the curricular reforms and strengthening the link between university and health services.

KEYWORDS: Health Manpower; Speech, Hearing and Language Sciences; Public Health; Unified Health System

■ INTRODUCTION

The word training involves a variety of meanings. Its definition is not so simple, nor restricted. The training is not reduced to a degree, program, or law, and it is recognized as necessary for professional practice, and also related to the evolution of personal life¹. In the health sector, the debate on the need to reorient the training has stimulated the creation of strategies and programs with a goal on the overcoming of the gap between theory and practice;

between what is taught and the actual health needs of the population. In this context, the Educational Program at Work for Health (PET-Saúde), of the Ministry of Health was established in August 2008 and deployed at the Federal University of Bahia (UFBA) in December 2009^{2,3}.

As one of the strategies of the National Program of Reorientation of Vocational Training in Health (Pró-Saúde), implemented in 2005, the PET-Saúde has education as a prerequisite for the work, putting in perspective the inclusion of service requirements as a source of knowledge production and research in educational institutions. Aims to organize the training of health professionals, according to social and regional characteristics; develop academic activities through the tutorial learning collective and interdisciplinary nature; contribute to the implementation of

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the National Curriculum Guidelines (DCN) of graduation courses in health; contribute to the training of health professionals with appropriate needs profile and health policies; and promote the teaching-service-community in health².

Currently in UFBA, the operation of the PET-Saúde is organized into activities divided into axes. At the University shaft, regular meetings of the Steering Committee of the Local Pro Health III (Pró-Saúde III) and Special Commission of Education Service Integration to integrate the courses in the basic areas are scheduled. In conjunction with the Health services are proposed strategies to strengthen integration, stimulating situational strategic planning, programming common strategies of the participating courses and contribution in continuing education of health services in the municipality network. For students, one glimpses the knowledge of the program in their objectives and operations, and beyond being prepared different proposals for the contribution in academic training in research and extension³. Participate in the PET-Saúde students undergoing selection process, and they may be attending any graduation year. Tutors are teachers who collaborate with the project from the planning, and they are also responsible for choosing the preceptors, who are professionals of health services in the county.

Studies have been prepared in order to analyze the methodology, practices and actions developed in PET-Saúde. Some identified the accomplishment of some goals and proposals of PET-Saúde, with the initiation of professional students, strengthening of practical teaching and service, induction to multi-disciplinary and interdisciplinary work, academic productions to the needs of the National Health System (SUS), encouraging actions in health promotion and disease prevention, identifying the need and motivation for continuing education among the service professionals, critical view of students in relation to the reality of service and health needs of the population⁴⁻⁷. In contrast, plastered curricula^{4,5,8,9}, poor health services^{5,9}, and the difficult acceptance of the professional of the services to the PET-Saúde^{3,6}, were the main limits indicated by the authors.

In our times, speech, hearing and language science students' have the opportunity to participate in projects and programs to retraining, being PET-Saúde one such example. The need for this integration is made evident when analyzing the training of the speech, hearing and language therapist, where the subjects who are in the process have an incipient contact, and often mistaken with the Public Health, skewing to a call of spontaneous demands, especially in practice of rehabilitation therapy¹⁰. Looking historically, it is identified that

the very emergence of the profession in Brazil supports the hegemonic medical model with outpatient / technician practices associated with the need for rehabilitation of children with communication disorders¹¹. Aiming to overcome this scenario, the speech, hearing and language science course starts discussions on vocational training, which seems to have been stimulated by the creation of the DCN, which aims to promote the training of a generalist, critic, humanist and reflexive professional¹². Thus, PET-Saúde is emerging as an opportune time for the reorientation process of the training of the speech, hearing and language therapist, which requires the analysis of experiments built in universities projects.

It is important to contextualize what we understand education as the transformation of everyday events, usually occurring in the sphere of personal and collective project, in a meaningful experience. There is not something, therefore, that only has a skill or function that can be cultivated or developed eventually, and should not be considered strictly the viewpoint of the subject, of interiority, an individual own dimension¹³. Training can also be conceived as an activity for which one seeks the conditions for a knowledge coming from the outside, internalized, can be overcome and externalized again, enriched in a new way, with a new meaning in activity¹³. Therefore, in a formative process, the learner will mobilize their experiences to appropriating new knowledge¹.

Furthermore, it can be said that training is also perceived as what happens in the world, the consciousness of the Subject in turning events, information and knowledge that fences it of significant intentioned experience. In this context, it is highlighted that those in training is the Subject in its individual and sociocultural emergency. Understood as a process in constant motion throughout life, the training required to produce testimony and story construction. What is experienced by those who benefit from educational inputs, or by reflecting on what happens formative in their lives, is a gateway to the recognition of training¹. So the guy in training has their individuality, their personalities, that particularize their formative experiences.

The significance of training still shows significant losses in practice, since carries the trivialization of their ontological, pedagogical, ethical and political implications. Propositions and practices of fragmented training of concepts are reduced to technical facets, little dialogical¹⁴. Can be seen then, on the above, that the training model, in its current context, is away from the relationship between theory and practice, away from the learning through meaningful processing and experience. This scenario is also viewed by authors who emphasized

the need for debate on the orientation of the training of health professionals, coping with the fragmentation in the learning process, and encouraging greater criticality in the face of changes in health status and organization of work¹⁵⁻¹⁷.

Considering the context presented, this article aims to understand the concepts of training of speech, hearing and language science students from the Federal University of Bahia that participate of the Education Program at Work Health and discuss perceptions about the potential and limits of the program to training.

■ METHODS

This study was approved by the Research Ethics Committee of University Hospital Professor Edgard Santos of Federal University of Bahia (UFBA), under appear number 335 292, meeting the guidelines of Resolution No. 466/2012 of the National Health Council.

This is a qualitative study which scenario is the PET-Saúde project of UFBA in its two editions. The project of 2009/2011 had as its central axis the theme of violence, understood as a public health

problem, worked in multidisciplinary perspective guided by enlarged clinic, from the inspiration of the concept of transdisciplinary, where the actors in this learning context are the students and teachers of different courses of health and workers preceptors of health services in the city of Salvador. In the design of 2012/2014, the institution of origin assumed as the axis of research / intervention, the Family Health Strategy and Care Networks in diversifying themes³.

The criteria for inclusion in the study were: speech, hearing and language science students of UFBA, participants or former participants of PET-Saúde who have had at least six months of experience in this program. We excluded those who have graduated, those who are not students of this university and students of other courses. Adopting these criteria, the estimated sample size was 14 students, with the effective participation of 10 subjects.

The distribution of students that participate in the project and subproject of PET-Saúde is shown in Figure 1. Among the students involved in this research, two enrolled in the third year and eight the fifth year. For a better understanding of the framework, it is important to note that one study subject participated in two editions of the program.

PET-Saúde project	Subproject	Number of students
2009/2011	Humanization	1
	Violence	2
	Violence in the "Nova Constituinte" community	1
2012/2014	Fighting violence against woman	2
	Support Nucleos of Family Health/Health in School Program	3
	Humanization: Analysis of its Implementation in General Hospital Roberto Santos	1
	Pharmaceutical Patient Assistance Program for Tuberculosis Control	1

Figure 1 - Distribution of students per project and subproject

For the production of the data, group focal technique was performed¹⁸. The initial contact was made by e-mail, from which the subjects were invited to participate. After confirming your participation, students were divided according to availability of time, two focus groups being conducted, with six participants in a group and 4 in the other, the total participation of 10 students.

To conduct the focus group, the author assumed the role of moderator, and had the collaboration of two volunteers one being the reporter, to annotate the events of greatest interest to the research, and

the observer, who assisted in the phonograph record of the meetings¹⁹. The reporter of the survey was an occupational therapist with experience in scientific research, and the observer a speech, hearing and language science student of Federal University of Bahia, attending the last year, both previously trained by the researcher to perform such roles. The moderator, based on the objectives of the study, conducted focus groups with the support of a before established route, proposing the discussion of the topic and keeping the group focused on issues surrounding the research.

Subsequently, the materials were transcribed and analyzed, followed by indexing of the data from the ordering and categorization highlighting the most recurrent themes or patterns. These indexes are preceded by induction, from the interpretation of researcher⁹.

■ RESULTS

Seeking to understand the design of training and the experiences of Speech, hearing and language Sciences students that participate of *PET-Saúde*, were built three categories for analysis, namely: 1 *Design of training*; 2, *Potential of PET- Saúde for training*; and 3 *Limits of PET- Saúde for training*.

Regarding the first category, the perspectives that students bring most of the debate referred to training as learning through the relationship between theory and practice, an ongoing process of learning and as a reflection of the experiences.

1.1 Learning through the relationship between theory and practice

Students understand as element of training the relationship between theory and practice, which is important for learning fragmentation does not occur. Also emphasize that the relationship theory - practice is present in PET-Saúde, where reflections from the practice associated with theory, can reach the consolidation of meaningful learning, as can be seen in the sections:

“That reminds me, LC, the question that we see a lot of theory in graduation and practice gets very far. So many elements are lost. So maybe as PET iss practice, it is action, maybe to have more of these actions built in graduation, well, theory and practice. Theory-practice most associated, more together “(M)
“We’re inside the service, we enter, observe things, asks a few questions, talk with the workers, we perceive things and this gives us some thoughts, we go around with these reflections to tutor, to preceptor and then to we talk, make a debate, something like that.
“(D)

1.2 Permanent Learning Process

The perspective of forming as a permanent, continuous learning, that does not end, was also discussed by the students. These guys face training beyond technical learning a profession, which is not limited to graduation or university. In this sense, the ongoing process of learning, according to students, refers to the experiences involved in the individual’s life, in all areas. The fragments below show the

understanding of individuals on permanent learning process as a formative element:

“It ... is a process of lifelong learning [...] It is the knowledge that we acquire here, both the theoretical knowledge, the knowledge that we acquire in practice, both clinically and these social practices, community, the experiences we experience here in college, which is also the experiences brought by our patients. “(L)

“I believe that training it will be ... the base to my future professional practice, right. Then it will give me .. knowledge so I can work in practices that I will perform after this training process. Now, of course that is not something tight, but it is something continuous. “(V)

1.3 Reflection on experiences

In this topic, was approached by students that training goes beyond learning and playing technique, and that it should be a process where the subject reflects from their conceptions, their constructions. The practices of the individual, in the training process should be based on their experiences both at the university, as throughout his life. This can be seen in the highlights:

“I think that would be the prospect so that we will learn the technique and we will not just play them right, we will reflect bases in our conceptions of what we learned lifelong and the learning within the university. I also think it would be ... Not just play, but to reflect upon what we learned. “(M)

“So, it’s ... I mean that is a broad thing right, that does not involve only the technical but also the conceptions of the person. And it will interfere with his practice right from the moment ... when he starts to act, he will understand that in that action he has to consider other things right. “(LC)

For category 2 Potential of PET-Saúde for training, the themes that emerged in the speeches of students are related to the recognition of health needs, experience of new learning practices, integrity and significance of teamwork and interdisciplinary.

2.1 Recognition of the health needs

In this theme, students identified the importance of being close to the community and territory, to understand the main demands of users and health services. The PET-Saúde, with the proposed service-learning-community interaction, allowed students to experience the reality of this population as well as the dynamics of health services, contributing to an

education through practice, as can be seen in the excerpts follows:

“So I think it helps, we focus on yourself, see the needs, dilemmas, difficulties even if the user and the people of this community going through.” (AP)

“... I think the positive point is also know the territory you will develop its actions ... is the community part, right, identify populations and understand how social determinants of health can interfere with this process.” (LM)

2.2 Experience of new learning practices

The PET-Saúde, according to students, allows a new perspective of learning, different practices exercised in health graduations, specifically in speech, hearing and language science. This gives participants the PET- Saúde, especially the experience of teaching and learning models that stimulate training through meaningful experience. This can be seen in the statements below, where students highlight the pursuit of knowledge and learning that goes beyond a profession or graduation.

“That look that at the beginning of PET I thought I would go there just to talk about speech, hearing and language science, I went there to take my knowledge but I went there to seek knowledge too, and I went there to learn from my colleagues from other areas also. That helped me a lot and, you know?” (U)

“I think the PET allows you to go beyond just speech, hearing and language science itself. Of course it will bring contributions, but so, PET allows you to bring up topics you then you would not see at graduation, you would not see this space here in the classroom, you would not be able to see it.” (A)

2.3 Significance of completeness

The subjects of the research judged how important the contribution of PET- Saúde in building a more expanded view on the health of an individual and the collective, comprising of a better way the concept of wholeness. Also emphasize that learning in practice completeness allows a better relationship with what they studied in theory, creating spaces that exceed the limits of the specialties of speech, hearing and language science, as exemplified in fragments:

“You will understand this person that arrives with an question not only as a patient who has a voice problem, a swallowing problem, chewing a problem, a problem of language

to be treated there. But we'll understand himself as a being who're inserted into a social environment, social environment that interferes with your life. (...)” (L)

“And one of the principles that I understood was the entirety of what I did not understand what was the relationship of entirety with the information system. Then I started to realize that when everything works in the service that reflects the individual's health and especially in health promotion.” (D)

2.4 Teamwork and interdisciplinary

Interdisciplinary work, when students of speech, hearing and language science students have the opportunity to exercise their practices together with students from other health courses is the viewpoint of the participants in the focus groups, a major potential of PET-Saúde. According to them, this strategy work is not stimulated during the graduation courses, being the PET-Saúde the opportunity to experience it, acting as a team with common goals. These perspectives can be observed in the following fragments:

“. Yeah ... what struck me most in this project was interdisciplinary job because we had many difficulties, right. So well, that is ... how important is the work being a team, right. Not only do each team a little bit, but once the team being in a mutual agreement with the same objective, it is essential to teamwork, right.” (LC)

“: It's ... well ... sharing concluding with A, I think the main issue for me is the various courses right. Power you're working with people who are not only speech, hearing and language therapist and here in college stages we do not have this pleasure, right.” (B)

For category 3 *Limits of PET-Saúde for the training*, students identified as the main difficulties experienced, the precariousness of the health system of the municipality, low participation of tutors, mismatch of schedules and conflicting relationships with professionals who do not attend / participate in the PET- Saúde. Importantly, two research subjects showed not seeing limits in PET- Saúde for training, based on their experiences.

3.1 Insecurity in the health system of the municipality

For students of speech, hearing and language science participants of the study, the neglect of the health sector in the city caused inconvenience that hindered the learning process within the services.

The main focus was given to the devaluation of professionals, resulting in a lack of incentive to get the job done, besides being pointed to lack of commitment to the service, as illustrated in the arguments:

“It was a difficult job, because the workers were very unmotivated, it was an era that was really the Historic Downtown District and like all Districts of Salvador was going through a transition period as well ... very strong, the cleaning staff was on strike then so, the unit was move aimlessly, so it was very complicated, a very troubled period “(A)
 “And we also saw, as the A spoken, the demotivation some professionals for various issues, because many are devalued, they do not feel active subjects participating in the health work.” (D)

3.2 Low participation of preceptors

The highlighted portions show the students in this study reported that they considered as the limit in the course of PET-Saúde the low participation in the activities of the preceptors. The main criticism in this regard relate to little collaboration in conducting or planning activities and the lack of co-responsibility in conducting the process. Importantly, this was the only topic of this study that there were differences between the opinions of the participants, where all the students of the first edition of PET-Saúde showed this negative point in the project and only two in the next edition made this same observation.

“Well, our group was so much depleted. It was just us three: I, L. and had another student of Pharmacy, then (for PET) for nutrition. Then, the teacher, the first teacher we had left it too ... the people loose, understand? And ... I still went and L. not knowing the proposed of the PET Pharmacy.” (AP)

3.3 Incompatibility of schedules

One of the difficulties also refers to incompatibility of schedules between groups of students of the PET-Saúde, which hinders the formation of subgroups of multidisciplinary practice. In addition, issues of time prevented a closer tutor with students, also hinder the achievement of tutorials.

“Well, we have the difficulty is in relation to the students’ own time as well because we cannot form a cohesive group, for example, three students that these three students to stay that day, right ... with this proposal. Very difficult, so then there are days ... had days

that I was alone, I was alone in the community, me and my preceptor. “(A)

“I think in my case specifically the distance of tutors throughout the project was a negative thing that interfered with the role of preceptors paper. Because ... O, my tutor, he ... The times were not consistent with his times, times of our meetings, our meetings were not compatible with the schedules of him. “(LC)

3.4 Conflictual relations with professionals who did not attend / participate in the PET-Saúde

Participants also pointed out by the presence of conflict within the services due to the existence of the PET-Saúde. The program entry in the units without a prior coordination with the workers ended up creating a gap between the university and the service, causing professionals envisage the presence of the student as an overload. However, it is known that in the Primary Care services jobs are multi and interdisciplinary team, where team actions are recommended, making interdependent and co-responsible professionals. Nevertheless, workers who have no connection with the PET-Saúde sometimes end up not collaborating with activities for students, even though these activities are inherent in the work of health professionals process. Furthermore, the only remuneration received by the preceptors, according to students, stresses the difficulty in performing activities with professionals who are not bound to PET-Saúde.

“And another thing is the relationship between the workers themselves, right, this question of ‘Why is that there preceptor? I am also the service worker here, why I was not called to be preceptor? What do you do? Earn more what ... why is he better than me? “(A)

“Things, because community workers they know the areas more than anyone you know, right. And it difficult work, no agent, the agent did not show up, the agent said he would not go. Because, there was the question of the bag too, right. The preceptor to be received in that office and the agent does not, in case of where I was, the agent that was not receiving, did not do it. “(U)

■ DISCUSSION

1.1 Learning through the relationship between theory and practice

The gap between theory and practice is often viewed in the teaching-learning processes. With

the proposal of inclusion in health services, the PET-Saúde provides dialogical spaces and of construction, together with theoretical learning. Through this strategy, students have the chance to experience the dynamics of SUS, contributing to this educational process is the time to mobilize the experience to take ownership of the acquired knowledge.

The effectiveness of the relationship between theory and practice allowed students to understand the need to work according to the demands of the population, as well as consolidate the concept of completeness, which are two factors highlighted as potential of PET-Saúde. Thus, the assumption of education through work favored students experiencing learning spaces that transformed everyday events in the sphere of the program in meaningful experience. These findings corroborate other studies that had PET-Saúde as scenario^{4,5,7,20,21}.

1.2 Permanent Learning Process

Whereas training is geared for both the professional practices, as to the constitution of Subject, it is possible to understand it as a process that is not tight, ie (in other words), in constant movement. The training also requires the preparation of testimony and story construction. Becomes, then, a process where learning is permanent, in which the lived experience and meanings are externalized^{13,14}.

This understanding of training differs from what is in effect in the current model of education in most health courses, which is mainly restricted to the reproduction of techniques facets even that some curricular changes can be observed in different Higher Education Institutions. This practice reduces the training at capacitation, restricting the areas of critical thinking to the transformation of knowledge internalized. Thus, it increases the fragmentation of knowledge, favoring the training of increasingly technical and somewhat poor active professionals in the process of learning¹⁴.

Enhance and mobilize the experience in training has the sense to recognize human activity, the dynamics of the continuous and intense process of understanding the world. Experiments are always resulting from experiences, carrying the dialogic and dialectic involving the individual, society and the culture¹⁴. Therefore, to reflect on the experiences means building knowledge from the experiences and consolidate learning without discard the world and the events surrounding the subject^{13,14}.

In the students' view of this research, the training process is related to the reflection on the practice of what is learned, experienced, touched, ie, with the experiments. These experiences become significant from the moment when the exterior knowledge,

which is internalized, externalized and overcome, has the possibility of gaining new knowledge significance, being used in new activities.

Regarding the second category, from the results presented, it can be inferred that participation in the PET-Saúde provided the student learning from experience, using new means of learning, contributing to the appropriation of concepts for workout of his employment as a health professional.

2.1 Recognition of the health needs

In this issue, we highlight the view of students as learning that presents itself from the understanding of the external environment, in this case the health demands of a community, to internalize this knowledge, from these, develop strategies and actions that can contribute with real needs. This significant learning occurs in this context from the time the PET-Saúde provides the contact of the students with the services and the territory of a community. This result corroborates the findings of other authors who have studied the participation of students in PET-Saúde^{4,6-9,20-23}.

It is noteworthy that, in this perspective, it is important to be assigned a meaning to this approach of future health professionals with the people, not being relevant only to enter on the practice field in a single and isolated manner. It must have, moreover, the collective construction, internalization and externalization, turning the events and knowledge acquired in significant experience.

2.2 Experience of new learning practices

The importance of this issue is the identification, by the students, that training is not restricted to meeting the curricular components of graduation. In this context, PET-Saúde contributes by shooting in the Subject the critical thinking about their training process, and the relevance of learning and reflections experiences^{13,14,20-23}.

The dialogic and interdisciplinary spaces present in the PET-Saúde allow the student to view the existing limit on your current training, predominantly reduced to propositions and practical techniques. This also represents the enrichment in the training of student by educational contributions of the program as well as by the reflection they make about their training process, constituting a path of recognition of training.

2.3 Significance of integrality

Integrality is an important concept to health practice in the SUS particularly in primary care, because it allows the identification of the subject as a whole, considering all possible dimensions of intervention. The comprehensive care extrapolates

the regionalized and hierarchical organizational structure of health care, including the quality of individual and collective attention afforded to users, perceiving them as historical, social and political subject²⁴. Participation in PET- Saúde allowed students to experiment with actions that aim at integrality, the relationship enabling the concept to practice, favoring the construction of a meaning in this learning, since the concept is not seldom appointed as abstract and difficult to understand.

The experiences in the health services provided by PET-Saúde allow the student to relate the theory learned to the real dynamics of the system and the community, making the experiences most meaningful. In this sense, the meaning of the integrality, ie, the elucidation and understanding from practice, favors the training of a professional involved with the quality of individual and collective attention to the users.

2.4 Teamwork and interdisciplinary

It constitutes one of the guidelines of the PET-Saúde the interdisciplinary work and multidisciplinary expertise. Interdisciplinary work is aimed at a collective building where individuals from different professional groups seek to promote actions, reflections, strategies for the same purpose, in this case, to provide health to the community^{2,17}. It is known that in the degree do not exist or are reduced, the spaces of exchange with subjects from other courses. Nevertheless, when professionals are entered in the Primary Care services, especially in the Family Health Strategy, are required to work in an interdisciplinary way, although this practice is neglected, causing barriers, anxieties and difficulties arise in its implementation, many times for not being a reality experienced by professionals in your training^{15,16}.

The proposal to create dialogical spaces, of drafting and joint action, makes the PET-Saúde the time of training of these students to learn to work under the concepts of interdisciplinarity. This is also why this was one of the themes that emerged during the focus groups, including the emerging proposal to include this guideline PET-Saúde curriculum of the institution's Speech, hearing and language science course.

About the third category, in relation to the main limits mentioned by students, one realizes that coping with difficulties throughout the program encourages critical thinking, and learning in this way, to work with adversity.

3.1 Insecurity in the health system of the municipality

Regarding the problems of services, the Municipal Health Plan of Salvador (2010 - 2013), is systematized by five main components of the service system: infrastructure, organization, management, financing and model of care²⁵. Based in the Plan, we can observe that the issues raised by students are directly related to the components of infrastructure (quantitative and qualitative inadequacy of permanent staff of servers and managers), management (precariousness of work ties in health; precarious working conditions and remuneration for health workers), model of care (privatization and outsourcing of health services) and organizational resources (bad distribution of human resources in health facilities).

The PET-Saúde projects in Salvador occurred during the execution of tendering in the health sector, as that until though most part of the professionals of the services did not have stable employment with the municipality. However, achieving this contest has created even more instability for workers, since their contracts could be at any time, ruptured due to the hiring of public servants.

These reports still represent the criticality of the students about their learning environment. Through the concrete, the precariousness of the health system of the municipality, the subjects reflected and transformed knowledge, consolidating their training. Thus, the experience of the real dynamics of the service allows the internalization of this professional learning by being formed, transcending what is seen in theory^{13,14}.

3.2 Low participation of preceptors

The preceptors are professionals of the service linked to PET-Saúde, responsible for guiding the student in service. These professionals are chosen by tutors, teachers responsible for teaching monitoring in the subprojects of PET-Saúde, according to availability, indication and profile.

The preceptor's role is to promote educational practice, as a space of mediation practices socially constructed²⁶. In this sense, the contribution of the preceptor in PET-Saúde, in the teaching-learning process, is expressed in the orientation of the planning and execution of the work, dialogical exchange for a collective construction and sharing of experiences.

The distancing of the preceptor in the actions of PET- saúde causes insecurity and demotivation of the students in the learning environment. Thus, the practices end up being harmed by restricting the space of knowledge, information and events, for the appropriation of a significant experience, hindering

the achievement of the main goal of refocusing the training of health professionals program.

3.3 Incompatibility of schedules

As the result obtained in this study, other authors also identified as one of the limitations of PET-Saúde the incompatibility of schedules for carrying out practices or tutorial meetings^{5,8,9}. This factor is directly related to the different time courses of the institution, as well as curricular inflexibility, since the obligation to comply with the semiannual components of high workload provides few spaces for the development of activities not covered in the curriculum.

This issue complicates the organization of practice groups in a multidisciplinary way, causing losses in the labor process and the achievement of the objectives of PET-Saúde. In the case of mentoring, lack of student space in this weakens the reflection of learning, and the relationship between theory and practice, since the tutorial meeting is the time to consolidate the theoretical knowledge to carry out the actions and reflect on practices. The regularity of these meetings allows a better functioning of the activities of the PET-Saúde, it favors a potential planning of the work. The absence of any participant in this space, especially when it occurs frequently, it develops a certain fragility of group work and, consequently, of the Program's activities.

Although the Pró-Saúde objectives to contribute to the implementation of the DCN, aimed at reordering the training, the problems arising from the curricular inflexibility are also identified in the graduations of health, as noted in the reports of the students. Although some health courses, such as speech, hearing and language science at the home institution, are undergoing curricular change process, the disjointed and independently form in what it happens eventually allow the persistence of fragmented training, creating difficulties in student participation in interdisciplinary extensions and other contexts, such as the PET- Saúde case. Therefore, it is necessary that the PET- Saúde widen the debate within the curricular reforms, so that the construction of curricula in health graduations occur seamlessly.

3.4 Conflictual relations with professionals who did not attend / participate in the PET-Saúde

Finally, the difficulty in working with professionals not linked to PET-Saúde appears as one of the limits of the program, as pointed out by the students in this research. Studies that discuss the integration of teaching and service, including exemplified by PET - Saúde itself, have presented problems as the

difficulty of this relationship to be effective^{4,7,27}. This detachment is alarming that most educational institutions maintain health services without dialogue expected, limiting the actions in the practice of care, the management and organization of work, and the listening of the users²⁷.

There are criticisms of workers as the insertion of the university in service due to disregard to the professionals who are there. This arises mainly because the university activities are planned in advance without adequately considering the reality of the services. On the other hand, due to complaints of educational institutions touch upon the model based on productivity adopted by the services²⁷. Thus, it is of utmost importance, so that the objectives of the PET- Saúde take effect concretely, build strategies for effective articulation between teaching and service. Furthermore, it is necessary to clarify the proposed program for workers in units that will receive students as well as create devices which settle disputes between professionals of these units due to the remuneration of preceptors.

■ CONCLUSION

From this study, it can be noticed that the conceptions of training presented by the students refer to ongoing construction, which are mobilized throughout life and that should be a relationship between theory and practice always maintained, if not therefore dealing only with reproduction and accumulation of technical knowledge. Based on this understanding, the subjects were able to identify major strengths and limitations of PET- Saúde for training, demonstrating thereby participating in this process critically, using the spaces provided by the program to consolidate learning.

About the potential of PET- Saúde for training, highlights the importance of being created spaces within the university for interdisciplinary work and to experience new learning practices. However, one should note that the PET- Saúde does not cover all students in health courses, causing restriction of experiences. So one must prioritize one of the main goals of Pro-Health, to contribute to the implementation of DCN from the PET- Saúde, encouraging discussion about the reordering of professional training, with a greater dialogue between the curricula of schools, to dissolve the existing fragmentation in the sector.

Regarding the limitations of PET- Saúde, is visible the interference of precariousness of the municipal health care system in the student learning process. With poor and overhead labor conditions, the services professionals end up discouraging to

complete the proposed actions by PET- Saúde, as well as weaken the preceptor involvement in program activities. The student entered this reality is often unable to develop and transform their experience into meaningful, causing dissatisfaction with the service and with the program. Thus, in

this scenario, you realize that, as much as the pedagogical foundation of PET- Saúde is bound, to limit its practice to only engaging students in service does not guarantee increased retraining, reinforcing the need to consolidate the curricular reforms and to strengthen the links between teaching and service.

RESUMO

Objetivo: compreender as concepções de formação dos estudantes de Fonoaudiologia da Universidade Federal da Bahia que participam ou participaram do Programa de Educação pelo Trabalho para a Saúde, e discutir as percepções sobre as potencialidades e limites do programa para a formação. **Métodos:** pesquisa qualitativa, com dados produzidos a partir de grupo focal. Os estudantes foram divididos em 2 grupos, tendo 6 participantes em um e 4 em outro, totalizando 10 sujeitos. **Resultados:** as concepções de formação evidenciadas foram: aprendizagem por meio da relação entre teoria e prática, processo permanente de aprendizagem e reflexão das experiências. Sobre as potencialidades do Programa, os estudantes trouxeram o reconhecimento das necessidades em saúde, vivência de novas práticas de aprendizagem, significação da integralidade e trabalho em equipe e interdisciplinar. Referente aos limites, os estudantes expuseram a precarização do sistema de saúde do município, baixa participação dos preceptores, incompatibilidade dos horários e relações conflituosas com os profissionais que não participavam/ participam do Programa. **Conclusão:** os sujeitos compreendem a formação como algo que vai além do saber técnico e científico. Nas potencialidades, destaca-se a importância de serem criados espaços na universidade para o trabalho interdisciplinar e para vivência de novas práticas de aprendizagem. Sobre os limites, a precarização do sistema de saúde interfere diretamente na aprendizagem do estudante, com prejuízo nas ações. Diante disto, restringir as práticas do Programa somente à inserção do estudante no serviço não garante a reorientação da formação, reforçando a necessidade de consolidar as reformas curriculares e de fortalecer a articulação entre ensino-serviço.

DESCRITORES: Recursos Humanos em Saúde; Fonoaudiologia; Saúde Pública; Sistema Único de Saúde

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