

Opinion Article

Contributions in The Training of Health Professionals Who Engage in Permanent Health Education Initiatives in Primary Care: Promoting Experiences in The Practice Environment

Rodrigues de Carvalho E¹* and Duarte de Souza Carvalho da Silva A²

¹*Candidate for a PHD at UNICAMP; Professor of Public Health at Centro Universitário Claretiano, Brazil*

²*Public Policies and Sociology Professor at Centro Universitário Claretiano, Brazil*

Opinion Article

The Permanent Education in Health proposal brings in its essence the ability to train professionals from the problematization of the work routine. Its purpose lies in the practical and real possibility of learning where the professional is working, and employees who are more familiar with a certain knowledge can add to the training and development of an employee. In this environment of information exchange, even those who have just started a new occupation have knowledge to share and maintain a teaching and learning relationship.

Permanent Education in Health - EPS is a policy recommended by the Ministry of Health that aims to improve the professional relationships of multidisciplinary teams, especially those inserted in the context of Primary Care (PC) in Brazil. This commitment to the education of health workers is one of the commitments that followed the creation of the Sistema Único de Saúde- SUS, aiming at offering a better practice scenario for all professionals inserted in that context.

Primary Health Care provides an extremely rich practice environment for the development of multidisciplinary teams. As it is the gateway to the health services guaranteed by the SUS, it has a model of action that is closer to the territories and that brings other professionals to a broader attention to families that need their care. One of the professionals who have this role and who is extremely important for the smooth running of these units is the Community Health Agent, one of those responsible for understanding, tracking and studying the population served within the territory by that public health space.

With various levels of performance and training of multidisciplinary teams that can work in Primary Care, one of the challenges of Permanent Education in Health is the adherence of the entire team to the practice of this policy. Especially when municipalities encourage this learning, guaranteeing a moment in the workday for this meeting and constructive dialogues, no justification becomes plausible for not putting into practice this educational and transformative activity.

Within this context, which is the meeting of several professionals to sit side by side in a proposal of professional information exchange, the moment provided by Permanent Education in Health is healthy to break power relations, which are common in these spaces, and reduce negative issues that the hierarchy ends up placing in the Interprofessional relationship. From the perspective of an integral participation

of the team and the professionals understanding the prerogative of acting together, in a collaborative way where everyone is prone to share what they know, regardless of their area of activity, we can dazzle significant gains in the performance of each server, with improvements that will be observed in this team's productivity indicators.

In most cases, some gaps in the training of health professionals will only be filled with professional practice. This happens because the practice of the profession allows the acquisition of knowledge that collaborates for a more complete performance and with a dynamism that, sometimes, is not possible to present during university education. The policy of Permanent Education in Health is not very widespread in the graduation of health courses, which makes it difficult to approach it, at times, if done after professional training.

This difficulty in the practice of these teaching moments, after university training, happens because many professionals believe that they already had enough knowledge to work in the profession they chose. At other times, the prerogative for not practicing EPS is due to the lack of time and appropriate places to meet with the team. However, it is worth noting that the spontaneous exchange of Permanent Education in Health is designed in a training where the main learning environment are the offices and the daily situations that are diagnosed and solved at that moment. This is not a steady process; it is moving all the time

Organizing this educational process that happens with the problematization of the work routine, provides these extra gains for a better performance of workers, especially those who are integrated into the service after the end of their studies. In this sense, the practice of Continuing Education in Health in an organized way, once a week at flexible hours, enables the creation of a learning culture. After this culture is disseminated and also pursued by workers, since education is a yearning and a continuous search, these employees begin to see in their peers a professional able to collaborate with their training and growth.

In addition, this professional who learns all the time with the routine of his work, starts to see the practice environment in an expanded and critical way, allowing him to make constructive considerations around this space and the performance of his peers. The gains for the professional who opens up to collaborate helping in the education of the team and is willing to learn from others, will certainly be taken and used throughout his life. Certainly, as Paulo Freire's pedagogy

Rodrigues de Carvalho E, Duarte de Souza Carvalho da Silva A (2022) Contributions in The Training of Health Professionals Who Engage in Permanent Health Education Initiatives in Primary Care: Promoting Experiences in The Practice Environment. *Res Rep Med* 4: 110.

always highlights, the praxis of this form of education is also transformative and liberating for the aspirations of these people.

Authors Contribution

Enderson developed the argumentation provided in the article. Adriana brought her contribution in public policies, also reviewed and translated the article.

Conflicts of Interest

The authors certify that there is no conflict of interest with any financial organization regarding the material discussed in the manuscript.

References

- 1- MEDEIROS LCM (2015) Educação Permanente como instrumento de mudança na rede de atenção à saúde com foco na estratégia saúde da família: Um relato de experiência. *Revista Ciência Plural* 1(1): 65-74.
- 2- Silva CBG, Scherer MDA (2020) A implementação da Política Nacional de Educação Permanente em Saúde na visão de atores que a constroem. *Interface (Botucatu)* 24: e190840.
- 3- Silva KL, Matos JAV, França BD (2017) A construção da educação permanente no processo de trabalho em saúde no estado de Minas Gerais, Brasil. *Esc Anna Nery* 21(4): e20170060.
- 4- Germano JM, Ceccim RB, Santos AS, et al. (2022) Entre nós: educação permanente em saúde como parte do processo de trabalho dos Núcleos Ampliados de Saúde da Família e Atenção Básica. *Physis: Revista de Saúde Coletiva*, Rio de Janeiro, 32(1), e320110.
- 5- Sena RR, Grillo MJC, Pereira LA, et al. (2017) Educação permanente nos serviços de saúde: atividades educativas desenvolvidas no estado de Minas Gerais, Brasil. *Rev Gaúcha Enfer* 38(2): e64031.

***Corresponding author:** Adriana Duarte de Souza Carvalho da Silva, PHD, Public Policies and Sociology Professor at Centro Universitário Claretiano, Brazil; Email: adriana.dsc@hotmail.com

Received date: September 01, 2022; **Accepted date:** November 23, 2022; **Published date:** December 13, 2022

Citation: Rodrigues de Carvalho E, Duarte de Souza Carvalho da Silva A (2022) Contributions in The Training of Health Professionals Who Engage in Permanent Health Education Initiatives in Primary Care: Promoting Experiences in The Practice Environment. *Res Rep Med* 4(1): 110.

Copyright: Rodrigues de Carvalho E, Duarte de Souza Carvalho da Silva A (2022) Contributions in The Training of Health Professionals Who Engage in Permanent Health Education Initiatives in Primary Care: Promoting Experiences in The Practice Environment. *Res Rep Med* 4(1): 110.