

Teaching-service articulation: strategy for health graduation and permanent education
Articulação ensino-serviço: estratégia para formação e educação permanente em saúde
Articulación enseñanza-servicio: estrategia para formación y educación permanente en salud

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Márcia Schott¹

The teaching-service-community integration is among the directives for higher education and makes permanent education available to workers in Brazil, to generate professionals that are prepared to work in the Unified Health System (SUS). This is an experience report that aims at presenting the integrative perspective of a teaching practice in a federal public university. The practice was named Community Teaching Practice Model (PEC), and took place in the Campus Prof. Antônio Garcia Filho, in the Federal University of Sergipe, in Lagarto, SE, Brazil. This insertion in the health services and in the community takes place since the first year of the course. It is an educational practice that integrates teaching and service, trying to make it so education through work becomes a promising way to induce permanent education in the quotidian of services. In this process, the establishment of links to the community should also be highlighted, as it fosters popular participation from all subjects involved, to achieve social transformations and the strengthening of citizenship.

Descriptors: Education; Primary health care; Community participation.

A integração ensino-serviço-comunidade está entre as diretrizes para educação superior e propicia educação permanente para os trabalhadores da saúde no Brasil, no sentido de formar profissionais preparados para atuação no Sistema Único de Saúde (SUS). Este é um relato de experiência que tem como objetivo apresentar a perspectiva integradora de uma prática de ensino numa universidade pública federal. A prática foi intitulada Módulo Prática de Ensino na Comunidade (PEC), tendo como local o Campus Prof. Antônio Garcia Filho da Universidade Federal de Sergipe, em Lagarto. Essa inserção nos serviços de saúde e na comunidade se dá desde o primeiro ano letivo. Trata-se de uma prática educativa que integra o ensino e o serviço tentando fazer com que a educação pelo trabalho possa ser também um caminho promissor para indução da educação permanente no cotidiano dos serviços. Nesse processo destaca-se ainda a criação de vínculos com a comunidade, que fomenta em todos os sujeitos envolvidos a participação popular para transformação social e fortalecimento da cidadania.

Descritores: Educação; Atenção primária à saúde; Participação da comunidade.

La integración enseñanza-servicio-comunidad está entre las directrices para educación superior y propicia educación permanente para los trabajadores de la salud en Brasil, en el sentido de formar profesionales preparados para actuación en el Sistema Único de Salud (SUS). Este es un relato de experiencia que tiene como objetivo presentar la perspectiva integradora de una práctica de enseñanza en una universidad pública federal. La práctica fue titulada Módulo Práctica de Enseñanza en la Comunidad (PEC), teniendo como lugar el Campus Prof. Antônio Garcia Filho de la Universidad Federal de Sergipe, en Lagarto, SE, Brasil. Esta inserción en los servicios de salud y en la comunidad se da desde el primer año lectivo. Se trata de una práctica educativa que integra la enseñanza y el servicio intentando hacer que la educación por el trabajo pueda ser también un camino prometedor para estimular la educación permanente en el cotidiano de los servicios. En este proceso se destaca, además, la creación de vínculos con la comunidad, que fomenta en todos los sentidos envueltos la participación popular para transformación social y fortalecimiento de la ciudadanía.

Descritores: Educación; Atención primária de salud; Paricipación de la comunidade.

1. Nutritionist. Specialist in Professional Education in Health. MS in Public Health. PhD in Education. Adjunct Professor in the Health Education Department of the Federal University of Sergipe, Campus Lagarto, SE, Brazil. ORCID: 0000-0002-9825-883X E-mail: marciaschott@hotmail.com

INTRODUCTION

The National Syllabus Directives (DCN's) have among their goals "strengthen the articulation of theory and practice". They were conceived to determine a profile of professional formation based on the "theoretical-practical competence, observing the flexibilization of syllabuses, and the autonomy and freedom of the institutions in the innovation of their own graduation pedagogical projects(...)".¹

According to Freire²,
the critical reflection on the practice becomes a requirement of the Theory/Practice relationship, without which theory might become just bla-bla-bla, and practice, activism.

With the innovation in the syllabuses of Brazilian universities, this discussion becomes more important as it can contribute to the implementation of changes in the health education, to promote the formation of professionals who are critical, reflective, active subjects in the process of transforming the social reality in the country.

Therefore, this article aims at presenting the integrative perspective of a teaching practice in a federal public university.

METHOD

This is an experience report of the Community Teaching Practice Model (PEC), from the UFS/Campus Lagarto, SE, Brazil.

This report considers the experience from the year 2016, developed in all courses from the health field.

RESULTS

In the first year at the UFS/Campus Lagarto, all eight courses have the same classes: nursing, pharmacy, physical therapy, phonoaudiology, nutrition, medicine, odontology and occupational therapy.

The emphasis of the PEC is the Primary Health Care (APS), and that is why the students follow the activities of Community Health Agents (ACS) of the Family Health Teams (ESF) of the city, both in urban and rural areas.

In 2016, approximately 350 students were distributed in 29 classes with a mean of 12 students each.

The PEC uses the problematization as its main method to understand the reality and the social determination of health-sickness processes.

Half the classes are planned to take place on the field, that is, in a micro-area of health there are domiciliary visits, groups of conversation with the community and other actions such as educational interventions.

The main instrument of student practice is that they conduct, with the community, a Plan and Program for Local Health (PPLS), to get to know better the area the service covers, learn to communicate with the population and collectively build strategies of intervention in reality, fostering popular participation and social transformation.

DISCUSSION

The pedagogical experience at the UFS/Campus Lagarto is a part of the current debate on changing graduation in health to prepare, for the Unified Health System, professionals that understand the social reality and can indeed offer a more humanized health care, thus contributing to the improve citizenship in health territories.

Teaching and service: an integration for life and social transformation

Initiatives of education at work have been proposed by the Ministry of Health (MS) even before the creation of SUS.

Education is continuous, and throughout its existence, the health field has sought the continuous formation of its workers, permanent health educations, meaning an education that is both at work, to work and for work⁴. Its basic premise is that "significant learning, that promotes and produces meaning, and suggests the transformation of professional practices which are based on critical reflection on real practices, of real professionals, in action in the service network"⁵.

It is by considering education as something inherent to life that its permanent character is found⁶, and the importance of it as part of one's professional life, that is, of the quotidian of institutions, not only to update and perfect practices, but also to promote a

continues social construction for all, or for all adults-citizens⁷.

The articulation teaching service in health education assumes that all participants are subjects in the learning process, that includes students from teaching institutions as well as workers, and the people who are being cared for, all in the perspective of a continuous process.

The articulation is not the presence of the student in a professional space as an observer, assuming that they are also being observed by those who host him. According to Freire²:

"There is not teaching without learning, the two explain each other, and their subjects, despite the differences that define them, will not be reduced to the condition of objects, one of the other".

It is worth to highlight the motto that has been part of the sanitary movement in defense of SUS:

*"Health is made by people. People that care by people, respecting gender, ethnic/racial and sexual orientation differences"*⁵.

Health care spaces, whether they are a Primary Unit or a house, in which students, professionals and people seeking care get together, are the privileged loci to integrate teaching and service, theory and practice, in the perspective of an education that takes place in reality and, problematizes it as to mobilize actions capable of resulting minimally in a social change that is good for the subjects both individually and collectively, considering a certain historical and social determination of reality⁸.

The determination of the life conditions of a territory is only a starting point of the learning process that must seek to understand the social reality and how it is created as a concrete totality that becomes a significant structure to each group of facts⁹. This dialogic process presupposes a recognition of the dynamic relation of the parts between themselves and the whole, in which this whole "creates itself through the interaction of parts"⁹. According to Konder¹⁰:

The change of the whole only takes place, in fact, after changes accumulate in the parts that compose it. Sector and quantitative changes are processed up to a critical point, which marks a qualitative transformation of reality.

An active teaching-learning method such as the one proposed in a teaching-service articulation presupposes a dialectic perspective of reality which does not produce knowledge from contemplation, but from investigation⁹.

This would be the risk of fetishizing the objectivity of phenomena when considering that reality is a "group of autonomous structures, that mutually influence each other"⁹, without the objective action of men, that is, without recognizing the práxis.

"Práxis is here understood as the actual practice of men, as it is traversed by subjective intentionalization, that is, by clarifying and elucidation epistemic reflection that outlines the objectives and the meaning of the action"^{11,12}.

The education that comes from the practice and raises questions about it does not become distant from practice; it must position itself in relation to it:

"the theoretical discourse itself, needed to critical reflections, has almost so concrete as to be confused for practice"⁸.

In a continuous educational practice, the inseparability of theory and practice happens when the starting point is the experience of subjects, including that found in their work, in the case of workers' education, but not only that, valuing the "social factors that operate in the constitution of individual experience"¹³.

When dealing with a teaching practice that takes place within territories and services, it is worth remembering the importance of the environment in education:

"It consists in the conditions that develop or contain, stimulate or inhibit, the activities of a living being [...] a being whose activity is dissociated from that of others in a social environment"¹⁴.

In a methodologic strategy used in PEC, the Maguerez Arch¹⁵, the entire process of raising questions starts with a critical observation of reality to propose an intervention capable of transforming it. The application of this instrument takes place once we recognize that even with no intention, reality is more or less modified at all times, as is experience.

The observed reality will no longer be the same at the moment of intervention. It is dynamic. Even if some of its parts are historically stiffened to maintain the status

quo, in one or another aspect there will be changes, be they positive or not, since the subjects that take part on it have already changed due to the "experience continuum"¹³; maybe this could be called a change by contagion.

The challenge of an education for work and health

An education from experience is understood to function both in the formation of new professionals and in the education of workers, it is an education from work, especially in the context of teaching-service integration in the formation in health and in permanent education.

However, the education through, in and for work can be reduced to a formation only for work and continuous qualification if the work is not taken as an educational principle¹².

How can working on health assume the role of starting point of an onto-creative education, that is, an education in which all those involved, professors, students, professors and community, are subject of a práxis that is the construction of the self?

First, it is necessary to remember that, in Brazil, health workers are "people that care for people"⁵. In an unequal society, marked by inequalities that are "bad for health"¹⁶ o all citizens, but especially of those who are already historically weakened by social injustices as they do not have access to education, services, housing and other social health determinants.

This articulation is made possible through integrated education, in which theory and practice are not dissociated, and knowledge is not compartmentalized according to area, but it is dialogically problematized and intentionally transformed, producing knowledge that generate a type of criticism that changes subjects and, therefore can improve actions in the health area as it fosters critical perspectives on the world and the social relationships that make it up.

In this process, an integrated syllabus, work as an educational principle, the emphasis on problematization and collective discussion, are all essential and inseparable elements.

An education that articulates the education network, the service network, and the citizens from other spaces, may indeed be an important strategy to form professionals in the health field. That is, if reality is the starting point for a critical problematization of the social relations that move the world and the object of and reciprocal interventions through and for the subjects, making it so all are more capable of valuing life.

CONCLUSION

The SUS is the legal responsible for the ordination of the formation of human resources in health, that is, of people that will take care of people in the public and private services since Primary Health Care to the more complex actions of recovery for the preservation of life.

This constitutional attribution may be the main device of change in higher education health in the country, while inexorably contributing to strengthen SUS.

The UFS campus, in the city of Lagarto/SE, through an innovative pedagogical plan, has contributed for the creation of new paths for education in health, as it has been investing in a formation in which the students are encouraged to be active subjects in the teaching-learning process.

The teaching learning articulation required in this practice is a privileged strategy for the actualization of permanent education for the workers who are the protagonist in health care.

The production of social unease, inherent to a pedagogy through autonomy, is essential for an education that raises questions, is critic, and transformative, as opposed to an education which reproduces, lets people be indifferent to social differences in Brazil and to the alienation of production inequalities, easily perceived by students, professors and professionals as they experience PEC and the day-to-day of the SUS.

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CONTRIBUTIONS

Márcia Schott was responsible for all stages of the conception of this article.

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