

Participation of the Program of Tutorial Education in Nursing in the Municipal Council of Health: experience report*

Participação do Programa de Educação Tutorial de Enfermagem no Conselho Municipal de Saúde: relato de experiência

Participación del Programa de Educación Tutorial Enfermería en el Consejo Municipal de Salud: relato de experiencia

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This article aims at reporting the experience of undergraduate Nursing students who are members of the Program of Tutorial Education in meetings of the Municipal Council of Health, in a city in the Triângulo Mineiro region. The theoretical-methodological framework adopted is the Participative Management, a strategy which is cross sectional regarding the Unified Health System and focus on joint formulations and deliberations made by different actors involved in social control. The students participated, as observers, in the monthly plenaries of the Municipal Council of Health which happened in the first semester of 2017. The themes discussed in each plenary were registered in a field journal so later they could be brought to the other members of PET and their issues could be discussed. The experience and the reflections that originated from it made it possible to develop a broader understanding of the relations between citizenship, popular participation and public policies, which are significant contributions for the critical and reflexive formation of students in the context of SUS.

Descriptors: Health councils; Social participation; Unified Health System; Students nursing.

Este artigo tem como objetivo relatar a experiência de participação de acadêmicos de Enfermagem integrantes do Programa de Educação Tutorial, em reuniões do Conselho Municipal de Saúde de um município do Triângulo Mineiro. O referencial teórico-metodológico adotado é a Gestão Participativa, estratégia transversal ao Sistema Único de Saúde, a qual prima pelas formulações e deliberações conjuntas por diferentes atores envolvidos no controle social. Os acadêmicos participaram, como observadores, das plenárias mensais do Conselho Municipal de Saúde ocorridas no primeiro semestre de 2017. Os temas discutidos em cada plenária foram registrados em diário de campo para posterior socialização e problematização pelos integrantes do PET. A experiência e as reflexões dela oriundas possibilitaram uma compreensão ampliada das relações entre cidadania, participação popular e políticas de saúde, contribuições significativas para a formação crítico-reflexiva de acadêmicos no contexto do SUS.

Descritores: Conselhos de saúde; Participação Social; Sistema Único de Saúde; Estudantes de enfermagem.

Este artículo tiene como objetivo relatar la experiencia de participación de académicos de Enfermería integrantes del Programa de Educación Tutorial, en reuniones del Consejo Municipal de Salud de un municipio del Triângulo Mineiro. La referencia teórico-metodológica adoptada es la Gestión Participativa, estrategia transversal al Sistema Único de Salud, la cual prima por las formulaciones y deliberaciones conjuntas por diferentes actores envueltos en el control social. Los académicos participaron, como observadores, de los plenarios mensuales del Consejo Municipal de Salud ocurridas en el primer semestre de 2017. Los temas discutidos en cada plenario fueron registrados en diario de campo para posterior socialización y problematización por los integrantes del PET. La experiencia y las reflexiones de esta oriundas possibilitaron una comprensión ampliada de las relaciones entre ciudadanía, participación popular y políticas de salud, contribuciones significativas para la formación crítica-reflexiva de académicos en el contexto del SUS.

Descriptores: Consejos de salud; Participación social; Sistema Único de Salud; Estudiantes de enfermería.

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INTRODUCTION

The Unified Health System (SUS) was created during the redemocratization of Brazil that took place after a period of military dictatorship, and was instituted by the Federal Constitution of 1988. It was a result of a dense social mobilization process known as the Sanitary Reform Movement¹. The principles and directives of SUS were established in laws 8080/1990² and 8142/1990³.

Participation and social control were erected as the organizational principles of the system, and were fundamental to guarantee the construction of a new logic in the elaboration, implementation and inspection of health policies⁴.

The effective participation of collective subjects in the democratic management of SUS is understood as a condition for the services to be closer and closer to the real health demands of the population. To do so, the population must have knowledge about their rights and duties regarding SUS, so that they can actively act in the democratic management spaces⁵.

The Law 8.142/90³ treats the spaces of popular participation and social control, and characterizes the councils and conferences in all government levels. The joint Health Councils are composed by representatives of government, service providers, health workers, and users, and has a deliberative character and a tripartite representation.

In the municipal scope, there may also be district councils and local councils, the latter made up in the health units. The councils participate in the elaboration of goals, follow the execution of priorities defined in the health conferences, control financial resources, the execution of health actions and the evaluation of services⁶.

In this context, their accountability becomes more relevant, as it characterizes the responsibility, obligation, and transparency of members of an administrative or representative organ, who must render account to the controlling instances and to the ones they represent. Therefore, it is increasingly necessary for council members

and the community to understand these processes⁷.

Although there is knowledge on the importance of popular participation and social control in the different contexts of the SUS management and in the process of health professional's formation, the scientific production on the theme is still scarce⁸. Regarding the re-orientation of professional education, since SUS was created, many efforts were targeted towards an integration between teaching, service, and community⁹.

However, regarding the formation of a political culture that values popular participation and social control, it is important to highlight that formative processes have been undervaluing the approximation and insertion of undergraduate students in the daily activities of the councils. Such an approximation is germane to guarantee that, since the early days of their formation, future health professions recognize the processes of elaboration and social control of health policies.

Imbued with the recognition of the potential of inserting undergraduate students in the daily activities of councils, the experience of attending to the meetings of the Municipal Council of Health started in the city which is the headquarter of the amplified health region. The activity was guided by the following question: *How does the participative management in a health council takes place?*

The Special Training Program, created in 1979 by the CAPES (Coordination of Higher Education Personnel Improvement), was renamed Program of Tutorial Education (PET) in 2004, and in 2005 it was regulated by law n. 11.180 and by decrees n. 3.385 and 1.632. This program aims to develop activities that indissociably connect research, teaching, and extension projects through collective and interdisciplinary actions, making possible the formation of a citizen with a broad view of the world and social responsibility. Institutionally, the program is under the scope of the Graduation Pro-rector¹⁰.

Approved in 2006, under the base axis of Public Health Policies, the PET Nursing of the Federal University of Triângulo Mineiro

(UFTM), brings together, under the guidance of a professor that acts as the tutor, up to twelve students who receive grants, and six students who volunteer. In this article, the experience of attending to the plenary sessions of the Municipal Council of Health is presented, and its contribution for the formation of the students is highlighted.

This article aims at reporting the experience of undergraduate Nursing students who are members of the Program of Tutorial Education (PET) in meetings of the Municipal Council of Health, in a city in the Triângulo Mineiro region.

METHOD

This is an experience report created from the analysis of the experience of undergraduate nursing students, members of PET, in the meetings of the Council of Health. Participation in the meetings started in the first academic semester of 2017 and in the first weeks of each month, on Wednesdays, starting at six p.m. and lasting for an average of four hours.

The participants who were enrolled in the 3rd semester of the nursing course or later, both volunteers and those who received grants, participated alternately in monthly meetings. Seven meetings took place during the research. The experiences were recorded in a field journal.

The theoretical framework to build this report was the Participative Management and Popular Education. Participative Management is a cross-sectional strategy of SUS management that allows for a formulation and deliberation to be carried out by the group of actors in the process of health control. For that to happen, practical strategies and mechanisms to effect the participation of health professionals and citizens in the many different deliberative spaces^{4,11}.

The National Policy of Strategic and Participative Management in SUS - ParticipaSUS¹² - is enlightening when it states that, in the delineation of participative management, mechanisms and practices can be grouped as: institutionalized social control mechanisms; participative management processes; instances of pacts between

managers; social mobilization mechanisms; processes of popular health education; reconstruction of the meaning of education in health; actions articulated between different sectors of the government and civil society (inter-sector)¹².

ParticipaSUS reflects a process of popular participation maturing and social control in the health system, and gives a nod to the fact that their significant steps have been taking to expand said participation. In this report, reflections are focused on the dynamics of a Municipal Health Council (MHC), one of the institutionalized mechanisms of participation, an important device for the popular participation, which here is understood as an extensive work involving users, workers, representatives of the management and of service provider institutions.

The importance of popular health education processes should be highlighted here, as well as that of the reconstruction of the meaning of health education. Both are indicated as mechanisms and practices of the ParticipaSUS management.

Popular health education involves the building of practices with the community and not for the community, encouraging the undergraduates to reflect on the normative and authoritative character of participative experiences, leading them to (re) think the importance of an ethical and political engagement of health professionals who stand for participative management.

RESULTS

MCH meetings have a deliberative character, guarantee the inspection of the use of Municipal Health Fund resources, and that there is participation in the elaboration of all health actions and control over them, including the execution of the municipal health plan, built in the health conference. Ordinary meetings take place every first Wednesday of the month.

The nursing undergraduates who are members of PET Nursing have, as one of their regular activities, to participate as listeners in the MCH meetings since 2006. To do so, the students are separated in groups of three and

divided in the different months. Later, to disseminate the knowledge and discuss, the undergrads expose the themes discussed by the Council in PET Nursing meetings specifically conducted by the professor/tutor to do so, which include all undergrads in the program.

The students in PET arrive in the MHC meetings before the start of the plenary, to organize. The members of the Council sit in a circle, which makes it possible for discussions to be horizontal. The records from field journals allowed for the systematization of the themes discussed in the plenary during the first semester of 2017, including the means that enabled the Council to find what are the problems and clarifications offered throughout the debates, as demonstrated in Table 1.

The themes discussed in the period indicate the diversity of issues presented in

the Council, as well as the many relations it has with other institutions, the way in which denounces are received and the protagonism of its members as they select the agenda of plenary discussions.

Among the themes discussed, some are directly related to local politics and to the way in which the functioning of these institutions is organized: working time of health units, electronic scheduling for specialties, articulation between first-aid posts and primary health care units, and the exoneration of workers.

Such themes can be further understood under the light of the municipal health policy and the demands presented by the community, due to the municipal health conference, which demands other efforts from the participants of the meetings.

Table 1. Problems identified and discussed in MHC from the perspective of PET Nursing students, first semester of 2017. Uberaba, 2017.

Problems	Identification means	Council member clarifications
Difficulties in scheduling 19,000 consultations for many specialties.	Contact with other organizations	50% of patients who schedule and confirm consultations do not show up.
Number of hospitalizations and discharges is not compatible.	Contact with other organizations	According to medical record analyses conducted by hospital inspection the number of hospitalizations and discharges are not compatible.
Exoneration of nursing auxiliaries.	Complaints of health users	Exoneration of nursing auxiliaries approved in a selective process due to remaining vacancies from a selection process.
Rural communities drinking water that is not fit for consumption.	Council member	New requirement to the Municipal Health Secretariat regarding the drinking of water that is not fit for consumption among rural communities, since the last requirement got no response.
Attribution of the primary care classification to a Health Center.	Council member	The institution offers specialized treatment. The resource allocation for primary care units is different than that of specialized centers.
Scarcity of materials, input, and medication in the health network and institutions closing doors.	Contact with other organizations	The municipal network did not have 40 types of medications, lacked materials and input for vaccinations; a municipal pharmacy and a prosthesis service closed down.
Insufficient working hours of Primary Health Care Units.	Complaints of health users	The longer working hours of Primary Health Care Units is not happening as it should.
First-aid units attention and difficulties to get referrals to the Family Clinic.	Complaints of health users	Other health units are the ones that refer patients to the Family Clinic to undergo scheduled consultations, and not first-aid posts.

Source: Records in the field journal of Pet Nursing undergraduate students.

DISCUSSION

The period being addressed is very important, as there have been important developments in the city regarding the chronic underfunding of SUS and the recent decisions in the field of health policies, such as, for instance, the closing of popular pharmacies, problems in the supply of medication and lack of resources and input¹³.

The council is made up according to Law 8142/1990³ and, also, to municipal law, that is, 50% of vacancies are destined to governmental representatives, public and private health providers, and SUS employees, while 50% are for representatives of SUS users, which means the council has a tripartite and egalitarian composition.

In addition to the participation of the council members, the meetings are open for members of community, who do not have a voice or a vote. Accompanying the plenaries of MHS has shown how important this organ is for society, especially considering the themes addressed during meetings, the decisions made and their impact in the health of the community.

Social participation is important, even if they can only participate as audience, since the democratic political culture is constructed in the relations and in the experience of diversity. The community participation in the council meetings is essential, as it can even increase the strength of their members in the council¹⁴.

The success of the Sanitary Reform Movement in the last twenty years was manifested in the "building of a juridical and institutional framework in the system", in the expansion of the "coverage of health services and in the formation of a "broad technical body in the managing instances of federal, state, municipal, and district bureaucracy, which is very competent in activities of planning and has great skills in the management of institutional power play"¹⁵.

However, this technical body shows itself to be "intolerant towards participative processes in which the population and local professionals can effectively manifest themselves autonomously"¹⁵. One of the challenges is, therefore, understanding local

practices targeted at catering for the health demands and, especially, to the ways in which popular participation is processed in different spaces, be they institutional spaces or not.

Analyses about the implications of sectoral councils, such as the health council, in a medium-sized city such as the one where this study took place, pointed out challenges such as the identification of people who are willing and available to participate in this space.

Additionally, popular participation is under the risk of demobilization when confronted with the institutionalization of these spaces, which is the main consequence of the fast increase in the number of councils without a proportional increase in the size of a participative base, which limits the interaction between civil society and government¹¹.

Another aspect regarding the effecting of participative management, is the understanding of the council members regarding the attributions of the MHC and the SUS. Users do not have the same level of knowledge on the subject as managers and workers, which inhibits them from being more active in their proposals, weakening the idea of a more participative social control, in which users can occupy a significant 50% of this council.

The council is a space for political construction that cannot be reduced to the technical dimension. The technical knowledge of workers and managers of SUS should, instead, instrumentalize the political decision making of all participants.

With this, is increasingly essential to advance in the process of empowering council members through the dissemination of information, technical consulting, and formation processes capable of realizing social control, transforming in initiatives that value a democratic and participative political culture¹⁴. An investment becomes essential to enable the population to fulfill its role to assess, inspect, and contribute for the building of assertive public policies.

There has been a bureaucratization of Health Councils, especially because municipal managements are anchored in centralized and

normative models. As a result, this structure manifests itself as a condition for the effect of deliberative and supervisory roles in the ritual of legitimacy of policies and executive branch actions. This hierarchical and bureaucratic functioning ends up leading to a distancing of council members in the discussions on the health needs of the population, which is the main focus⁷.

The councils are privileged spaces for the democratic management of public policies, and a space to fight for the guarantee of the right to health. Above all, health councils must be reinvented as spaces of social participation and control over the actions of the State, so that they become more ingrained and porous to the needs and desires of the population, while, at the same time, allowing the free expression of health demands⁷.

CONCLUSION

The participation of undergraduate students from PET Nursing as an audience in the monthly MHC meetings showed how necessary it is for the population to have more knowledge about this possibility of participation. It also effectively contributed to the academic education of the students and of the professor/tutor. It was an opportunity to understand the social importance of this municipal committee, and encourage feelings of citizenship, aiding the students in the search for a critical education.

The participation in the MHC meetings highlighted the social relevance of the council and the responsibility of citizens and professionals from the field in the defense and effecting of social rights. The attributions of the MHC were clarified, as well as its ascendancy over public health.

The experience also clarified the reality of SUS in the city and encouraged a critical perception on the way in which public funds are invested, and the impact they have on the deliberations of the council and on the day-to-day of the services and of the community.

In the academic level, teaching, research, and extension projects have also been encouraged, regarding participative management and the population's education

in health. In addition, the experience led to thoughts on the importance of furthering processes of formation in SUS, especially regarding the Population's Education in Health, as a way to wager in favor of the critical and thoughtful capacity of the subjects, and to value the spaces of collective construction, among which are the municipal health councils. Building initiatives that encourage a greater involvement of council members and the community is urgent, and the higher education institutions offer a decisive contribution to this end.

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To the health council members how fight for effective popular participation and social control in SUS.

CONTRIBUTIONS

Jéssica Fernanda Marcelina Fernandes Ferreira and Larissa Silva Souza took part in the bibliographical research, the writing, and the critical review. Rosimár Alves Querino contributed to the writing and the critical review.

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