

# A Educação Permanente como ferramenta no trabalho interprofissional na Atenção Primária à Saúde.

The Permanent Education as a instrument at work interprofessional in Primary Health Care.

La Educación Permanente como una herramienta de trabajo interprofesional en la Atención Primaria de Salud.

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**RESUMO:** O corpo do trabalho denota uma pesquisa que propõe importante análise sobre educação permanente em saúde, utilizando uma experiência local para discutir amplamente propostas de mudanças para as práticas de saúde na atenção primária. Trata-se de um estudo documental, retrospectivo, descritivo, de natureza qualitativa. Utilizou-se como instrumento de coleta de informações registros das atas das reuniões das oficinas da Atenção Primária à Saúde (APS) com os trabalhadores do município de Ubajara, Ceará, ocorridas nos anos de 2011 e 2012. A análise desses documentos ocorreu durante os meses de janeiro a fevereiro de 2015. Descreveram-se quatro eixos norteadores abordados nas sessões de educação permanente com os profissionais. A análise do discurso dos participantes arquetou os achados encontrados nas informações pesquisadas. Revelou-se que houve um redirecionamento das práticas dos serviços executadas em diferentes unidades existentes em Ubajara, após as oficinas. Os profissionais melhoraram sua assistência nas linhas de cuidados à saúde oferecida a diferentes grupos que prestavam atendimentos. Essa experiência demonstrou que a educação permanente implantada proporcionou

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resultados significativos e de impacto para gestão da saúde na APS.

Descritores: Educação Permanente em Saúde, Estratégia Saúde da Família, Atenção Primária à Saúde.

**ABSTRACT:** The working body denotes a search that proposes important analysis on permanent health education, using a local experience to widely discuss proposed changes for health practices in primary health care. It is a documentary, retrospective, descriptive, and qualitative in nature study. One used as an instrument for gathering information records from the minutes of the workshops on Primary Health Care (PHC) with the workers of the municipality of Ubajara, Ceará, occurring in the years 2011 and 2012. The analysis of these documents took place during the months of January to February, 2015. Four guiding axles approached in the permanent education sessions with the professionals were described. The participants' speech analysis devised the findings found in the searched information. It turned out that there was a redirection for the practices of the services performed in different existing units in Ubajara, after the workshops. The professionals have improved their assistance in the health care lines offered to different groups that provided cares. This experience has shown that permanent implemented education provided significant results and with impact for health management in the PHC.

Descriptors: Permanent Health Education, Family Health Strategy, Primary Health Care.

**RESUMEN:** El cuerpo de estainvestigación indica una búsqueda que propone un análisis importante de la educación continua en salud, se utilizando de una experiencia local paraampliamente discutir los cambios propuestos a las prácticas de salud en la atención primaria. Se trata de un estudio documental, retrospectivo, descriptivo y cualitativo. Fue utilizada como recopilación de información los registros de las actas de las reuniones del instrumento talleres de atención primaria de salud (APS) con los trabajadores de la municipalidad de Ubajara, Ceará, que se produjo en los años 2011 y 2012. El análisis de estos documentos se llevó a cabo durante los meses de enero-febrero de 2015. Fueron descritos cuatro principios rectores tratados en sesiones de educación continua con los profesionales. El análisis del discurso de los participantes construyó los hallazgos en la información investigada. Se puso de manifiesto que había una reorientación de las prácticas de los servicios implementados en diferentes unidades existentes en Ubajara, después de los talleres. Profesionales mejoraron su asistencia en las líneas de cuidado de salud ofrecidos a los diferentes grupos que proporcionaron la atención. Esta experiencia ha demostrado que la educación continua implantadaha proporcionado resultadosignificativos y de impacto sobre la gestión de la salud en la APS.

Descritores: Educación Permanente en Salud, Estrategia de Salud Familiar, Atención Primaria de Salud.

## INTRODUCTION

Permanent education allows you to reveal the complexity and articulation of the explanations for the different problems and makes evident the need for multiple strategies, which, to be proposed and implemented, require coordination with the system's management. In this sense, it is also a management strategy, so that the necessary realization resources may be mobilized to tackle with diverse nature problems <sup>1</sup>.

Permanent Health Education (PHE) allows for producing new pacts and new collective labor agreements in the Unified Health System (SUS). Its focus comprises the work processes (training, care, management, social control), and its target comprises the teams (production units), its operation locus comprises the collectives, because the look "of the other" is fundamental to the possibility of questioning and producing "troubles".

The PHE can be mentioned as one of the boosting instruments for constructing learning spaces, where the actors bring out their experiences, the problems of the work processes, as well as the real needs of population health, building up collectively the knowledge <sup>2</sup>. It shows a scenario that involves the questioning methodology, a team with professionals from various action areas, with emphasis on problem-situations of the daily practices, enabling critical reflections and articulating strategic solutions in collective, and is embedded in the development and consolidation of SUS <sup>3</sup>.

The Management Pact established guidelines concerning aspects on decentralization, regionalization, funding, agreed, and integrated programming, regulation, participation and social control, planning, work management and health education. The 7.508 Decree, dated June 28, 2011, which proposed Public Health Action Organizational Contracts (PHAOCs), also incorporated in their settlements the implementation of permanent education in the municipalities it composed, from that document, the Health Regions. In this way, the permanent education continues to be an essential part of a policy of training and development for the workers for the qualifying SUS and that involves the adoption of different methodologies and innovating teaching-learning techniques <sup>4</sup>.

In this context, Family Health Strategy (FHS) presents itself as a lever in the health sector for reducing social inequalities and improve quality of life for the population being cared. And this has been consolidated, combining with SUS principles and, in particular, that of completeness, comprising the health and disease process caused by multiple-causalities <sup>5</sup>. One must consider that, in 20 years, this strategy has been championed as the main element of the agenda for organizing services actions for the Primary Health Care (PHC) in Brazil, producing several favorable results for the population's health <sup>6</sup>.

Multi-disciplinary teams are made up in order to meet the complex demands of the population and the Family Health Support Center (FHSC), as well as the FHS, aims to work with a proposal

for expanded clinic, matrix support and Singular Therapeutic Project (STP) <sup>7</sup>.

This clinical model is characterized by a work that prioritizes the subject, the family, and the context, aiming to produce health and increase the autonomy for the subject, the family, and the community. To do this, it uses as working means the multidisciplinary team integration, the addition clientele and the construction of a tie, the development of therapeutic project according to each case and the expansion of intervention resources on the health- process <sup>8</sup>.

So, in order to meet the integral health care that the Primary Care wants to operate, FHS actions have been identified as a learning perspective in work to strengthen this health policy.

However, it is note that the PHE is not prioritized in front of the ‘vicious cycle ‘ of troubles in health services, where many workers have resistance in seeking qualification and for thinking that the changes brought out by the educating action will not be put into practice<sup>9</sup>.

Teamwork can be considered a condition that enhances the completeness of user’s health care, since it requires the articulation of different knowledge in an open working process with new possibilities for construction not provided previously in health care protocols. On this basis, health workers that participate in workshops, trainings and courses, develop greater decision-related initiative at work and have greater motivation to establish local protocols, considering the tools that facilitate the clinical effectiveness <sup>10</sup>.

Clinical effectiveness is the measure concerning the effect of specific interventions on your goal to maintain and improve health, ensuring patients with the greatest gain in health with the available resources, whose tools are: care lines, clinical guidelines, and management of diseases and cases. One understands for care lines the multi-disciplinary plans for integral care applied at an appropriate moment to help the patients with a specific condition “to cross” clinical stages aiming for positive results. Clinical practice guidelines are systematically developed propositions and synthesize the best knowledge in order to help the professionals and the patients to decide on the appropriate interventions for certain circumstances and clinical conditions. Disease management (or health condition), and case management, are related to planning and executing the lines for care of chronic diseases from the patient stratification by their need for care; those who require less receive support for self-care, and the most severe cases receive more intensive care by the professionals, with a view to the planning of network resource offer <sup>11</sup>.

Recognizing that it is necessary to use innovative teaching and learning methodologies to empower the health workers in order to evoke in them a reflexive stance in PHC, and noting that it is from the problems experienced in practice that we can reorient the work processes of these professionals, producing a better care quality, this study was carried out, which intended to describe the reports of these professionals in PHE workshop sessions in a Ceará located municipality. There is also reported how they perform their pedagogical practices intended for user groups in other spaces that make up the PHC, such as FHSC and the PHE itself after experiencing the PHE in

service.

## METHODOLOGY

It is a documentary, retrospective, descriptive research, and qualitative in nature. The meeting minutes of the PHC reported after the sessions of permanent health education for constructing clinical protocols of health policies implemented in the municipality of Ubajara, Ceará State, weave the structure of this study.

In the meeting minutes of the multi-disciplinary teams there were reported the official assessments and analyzed the health policies of the municipality by means of dialogues recorded in those documents. The minutes described dialogues between the Primary Health Care workers (PHE, Oral Health, CHAP, FHSC), Health Surveillance and Secondary Care representatives (Mixed Unit Francisca Belarmina da Costa - UMFBC), explaining the practices of Permanent Health Education (PHE) intended towards the resignification of the work and implementation of protocols in the municipality.

These meetings of the teams took place monthly throughout 2011 and 2012. In this period, the municipality had ten (10) teams of the Family Health Strategy (FHS), two (02) teams of the Community Health Agents Program (CHAP) and one (01) of the Family Health Care Support (FHSC) type <sup>1</sup>. This last one was composed by the following health workers: pediatric physician, physiotherapist, psychologist, physical educator, dietician, and administrative officer.

Information gathering was conducted using exclusively the records in the meeting minutes from the Primary Health Care (PHC) workshops with the health workers, which are found under public domain. The analysis of these documents took place during the months of January to February, 2015.

One used the information from a collective assessment described in each training workshop minute of meeting of the multi-disciplinary teams. There was no application of an individual assessment instrument by a professional in those workshops. These assessments contained the questions raised by the PHC Coordinator, in each theme addressed at the PHE meetings. In this way, the guiding axes addressed in the PHE sessions were described, and they were divided into:

- a) Solutions to problems that prevented deployment of child health care lines (pediatrics), mental health, women's health (pregnant women), hypertensive and diabetic care in Ubajara;
- b) Meaning of health education in work practice;
- c) Health education strategies to set up care lines in child health, mental health, prenatal (pregnant women), hypertension and diabetes, through the experiences of FHS and FHSC groups;
- d) Existence of health education practice in FHS or CHAP teams, prior to PHC workshops.

Presentation of axes was separated into frames, using speech analysis technique. Speech, according to Foucault, is a set of statements that rely on same discursive formation. For the philosopher, there are statements and relationships, which the speech itself puts in operation. Analyzing the speech would give account on historical relationships, on much concrete practices,

which are “living” in it. The speech is a method in which the informer provides the answers to the questions to the researcher, depending on the types of asked questions. The speech as the object for analysis is essential for those who want to understand in what field of relationships between knowledge and power a subject is inserted <sup>12</sup>.

## RESULTS AND DISCUSSIONS

After the discussions in meetings and workshops have been carried out, common existing issues have been identified in the PHC teams and guidelines been propagated for reorganizing the policies, reported in a consensus form in every FHC, CHAP and FHSC, according to table 1.

**Table 1:** Solutions to problems that prevented the deployment of health care lines in the municipality.

GUIDELINES	PROCESS AND SOLVED QUESTIONING
Child Health	In the various conversations groups between the FHC and FHSC study groups an instrument was built up for implementing the child care from 0 to 2 years of age. <i>With this instrument it was possible that our teams be guided during the consultations that they produced for the users having a guidance regarding the child disease history and physical examination “.</i>
Mental Health	The organization for the matrix-based strategies of FHSC psychologist and psychiatrist, acting with fixed monthly schedule. <i>“This action reduced the demand for specialized consultation in Psychiatry in our regulation”.</i>
Women’s Health;	Prenatal protocol of the municipality was implemented. <i>“The protocol provided a prudent conduction for our pregnant women for the childbirth without complications and is reducing maternal and neonatal mortality”.</i>
Hypertension and Diabetes	A line of care for hypertension and diabetes was set up, using a care flowchart between primary, secondary and tertiary attention. <i>“The effective care for these groups prevented the complications and sequelae of users who were transferred to other municipalities that are reference in secondary and tertiary care for Ubajara”.</i>

The speeches found in the meeting minutes showed that permanent education sessions held in two years with all primary care professionals were relevant in order to redirect the practices of the services running on different existing units in Ubajara. The joint work fomented the improvement in the health indicators and promoted the approach of professionals, through exchange of experiences and knowledge for reconstructing a solidified health management in health, aiming at organizing the care provided to users.

Discursive analysis is an effort to question in the language what was effectively said, with no intention to making revealing interpretations of truths and hidden senses <sup>12</sup>.

The exposed evidences allow us to reflect that, in the Permanent Education proposal, staff training, the contents of the face-to-face moments and the technologies to be used should be determined from the observation of problems and the questioning approach is an innovative answer in front of the challenges found in training of health care professionals so that the services provided

gain quality and our users are satisfied with the provided care <sup>13, 14</sup>. The involvement of workers in action to rethink the practices and act positively through dialogue is stimulated upon recognizing their previous knowledge, a fundamental aspect to PHE <sup>7</sup>.

The importance concerning the institutionalization for the meetings of teams of family health and other health services was one of the strategies that most contributed to the change in sanitary practices, whereas teamwork is already a learning tool in the professional practice as it enables the interpersonal relationship, sharing different experiences by different actors.

In regards to the aspect of educative activity for health workers, one notes a practice that stay away from PHE conception, because the external demand and the place cannot express the necessities of the service and its workers <sup>15</sup>.

Permanent education assumes significant learning, where learning and teaching must integrate the daily practice of health professionals, because, through this, they reflect on the different realities and health care models inserted at issue, in order to identify problem-situations. In certain circumstances of professional practices, health care models are reproduced and are not put under discussion between all the involved actors <sup>4</sup>.

It is important to describe and evaluate the knowledge of the professionals in relation to the HT concept, as well as to report the importance of its practice, when performed by the Primary Health Care Management, Family Health Teams, and CHAP, to improve the actions of health workers and their relationship with the population.

In relation to the understanding about the HT in the PHE or CHAP and if this brought a change in the forms of teamwork exhibited a diversity of interpretations that are described in table 2.

**Table 2:** Speeches on health education in work practice.

VISION	RECORDS FOUND
Promotion	<i>It is a valuable tool that can be used by all health care professionals for health promotion, as it is a complex and essential instrument for improving quality of life of the population in general".</i>
Planning	<i>"Strategy that leaves the individual savvier and less conducive to require health services".</i>
Qualification	<i>It is a process of training groups, namely, the PHE team and the community seek the solution for the problems that affect the population"</i>
Intervention	<i>"I understand that it is a promotion of health, where one aims to improve the participation of all the population, for improving quality of life".</i>

In speeches recorded by professionals that participate in the workshops of the municipality of Ubajara, it was possible to denote that Health Education has the significance to promote, plan, train and intervene. It is evidenced, thus, that the vision of health workers points to an ample health education perspective, observing a closer relationship of the professionals with this practice, being inserted as an essential care, that is, fundamental to health.

In this same perspective, it is noteworthy that health education is a theoretical-practical process,

aiming to integrate the various knowledge: scientific, popular, and common sense, enabling a critical vision, greater participation, and autonomy vis-à-vis health <sup>16</sup>.

The collective spaces are important, because they favor people integral development, using their own work and everyday activities. With that, they overcome episodic initiatives that do not promote changes in the organizations. In this way, the collective spaces need to be incorporated in the daily life of health workers, be it meetings with professionals and users, occasional meetings, in case discussion sessions, planning workshops, among others <sup>5</sup>.

It is exposed in most recorded speeches that in the HT there should be a dialogical hearing based on the respect and appreciation of the experiences, life stories, and people's worldview. Some authors suggest that it should be applied with the adoption of active methodologies that value the previous knowledge of the learners, aiming thus to permanent questioning education practices with monitoring by the local health team <sup>17</sup>.

Active methodologies motivate the students and direct them to seek information in order to resolve dilemmas and promote their own development. They meet autonomy pedagogy, which advocates for the contemporary education of students able to govern themselves or self-govern their training process <sup>18</sup>.

To follow there is a discussion on the strategies of Health Education deployed by the management, in the FHS and FHSC groups, for established care lines in health of the child, mental health, prenatal, hypertensive, and diabetic people, according to table 3.

**Table 3:** Health education strategies to set up care lines in child health, mental health, prenatal (pregnant women), hypertension, and diabetes, through the experiences of FHS and FHSC groups;

VISION	RECORDS FOUND
Shared knowledge	<i>"With the organization of child care services I had the opportunity to learn new things and share my knowledge with other teams. It brought change in the way to see the patient and be able to help them with the shared knowledge".</i>
Matrix-based support and therapeutic plan	<i>Matrix-based support is a health education strategy, because with this monitoring philosophy I have the opportunity to draw a therapeutic plan based on knowledge from other areas.</i>
Care lines	<i>The new way to meet Hypertensive and Diabetics patients provided by ad hoc meetings of Permanent Education brought significant changes in the approach to my patients."</i> <i>The care to hypertensive and diabetic people demands great cares, and all the information that the professionals receive increase integration and caring for the patients... Therefore, I always carry through the HT before my cares".</i>
Integrity	<i>Everything that comes to improve the care is a health education practice, bringing out greater security to the professionals".</i>
Improved professional practice	<i>After implementing health education practices in my work, my professional practices have improved a lot because through the information I receive, I share them with quality to other people".</i>
Improved health indicator	<i>"I realized a greater adhesion of pregnant women to prenatal consultations, when I applied Health Education in women's groups under cares. This practice was stimulated after I started attending meetings of Permanent Education in the Health Department".</i>

Workers revealed in the exhibition of table 3 that the knowledge acquired at the Permanent Education meetings stimulated the same ones to implement Health Education strategies in various groups that sought their cares. These professionals reflected that they have learned and seized technical aspects inherent to health practice, promoting changes in their ways of working.

One realizes that healthcare workers have appreciated the experience of health education practices as an important element in constructing the learning, increasing the accountability of management in creating even more health education practices.

Thus, it is important to note that the discussion spaces favor the collective construction and facilitate challenging the problems. Discussing the work process implies in taking responsibilities, and this generates discomfort, once that needs that require an action emerge. A study carried out with teachers of a State University from Paraná revealed that the discussion spaces promoted by the permanent education actions contribute, positively, for the professionals to reflect on their pedagogical practice <sup>5</sup>.

When one sought records that indicated the existence of health education practices in the FHS, before the PHE workshops, the workers presented the speeches exposed below in table 4.

**Table 4:** Existence of health education practice in FHS or CHAP teams, prior to FHC workshops.

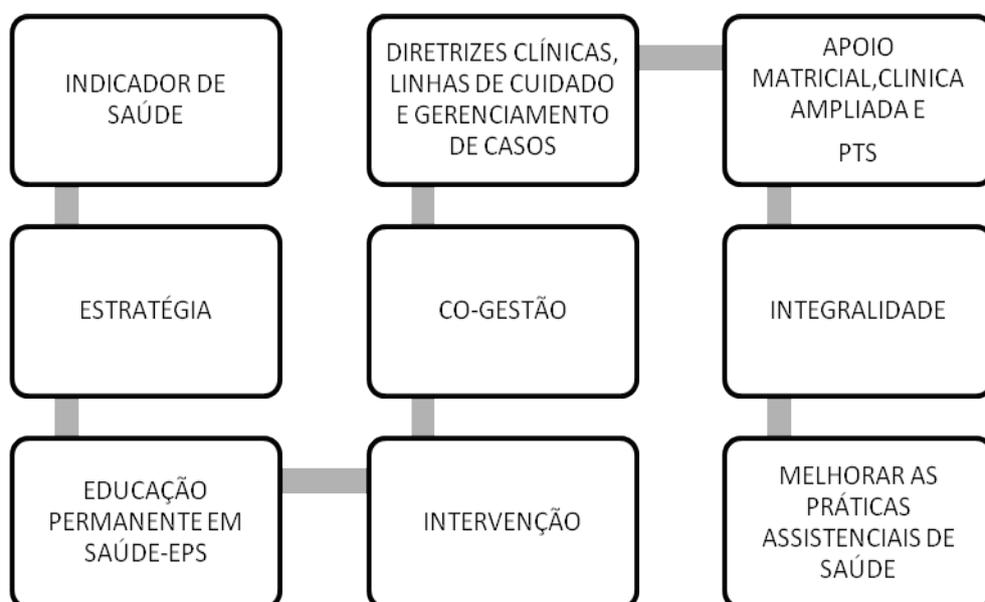
VISION	RECORDS FOUND
Guidance by problems	<i>"In the meetings that we held, we asked what theme the CHA had difficulty to guide, and from that we built up theoretical lessons, clarifying the questions and suggestions".</i>
Disclaimer	<i>"Health educations are at the discretion of the nurse in my team".</i>
Matrix-based support and singular therapeutic project (STP) missing	<i>"FHSC has already been working intensively with educational sessions, and groups by life cycle, as guidelines for pregnant women, hypertensive and diabetic people, etc. This activity is already held on another unit".</i>
Transmit knowledge	<i>"I try to transmit along as much of what I learn for the patients. But many do not understand what I'm saying".</i>
Communication difficulty	<i>I have a hard time making theoretical explanations of a subject with my community".</i>

It was found in recent speeches that before the professionals start up the PHE process through the workshops and local meetings, they had difficulty to implement health education in groups for which they offered care. It was possible to strip problems such as: lack of guidance to produce pedagogical processes, unaccountability by part of some team professionals to promote HT sessions, lack of matrix-based support, difficulty in transmitting on knowledge and the difficulties to communicating with the users.

Continua

It was observed in some speeches that health education sessions were centered by a nursing professional and FHSC professionals. About this fact, some authors report that many social actors, such as workers, managers and the population in general have not yet been placed in an implicated way in the actions of Permanent Education and co-management of the FHS work processes, be it because they are not valued as important subjects to discuss and perform the necessary changes, be it for not assuming accountability for such processes. It is understood that developing human resources for health is a dynamic process, integrated to the national health policy, with a view to the technical improvement, personal growth, and functional development of workers in the sector <sup>19</sup>.

Given the above-mentioned one can see that the FHS contributes to the construction of a new pedagogical space, professional skills that lead to the worker awareness, when it motivates them to conduct health education.



**Figure 1:** Flow for setting up health Permanent Education as a proposal for improving health-related care practices.

## CONCLUSIONS

Health education interventions described in this study have shown another way to try to change the learning models based on work practices, taking in account non-valued before aspects, as for example, the capacity to act in the reality of the service.

The construction of permanent health education in the approached municipality originated the certainty that the discussions shared among the different health professionals on issues related to their day-to-day work and cares provided by them to the users can be a way to re-conduct health services.

Given the entire approached context, it is valid to highlight the importance regarding greater participation of managers, workers, and population to support Health Education strategies, and deploy a solidified Permanent Education Municipal Policy, as it is a powerful tool for the transforming SUS management.

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