

**MATERNAL CHILD
HEALTH IN THE
TEACHING-SERVICE-
COMMUNITY:
AN EXPERIENCE
REPORT OF
INTERPROFESSIONAL
INTEGRATION OF PET IN
HEALTH PROMOTION**

Aline Biondo Alcantara

Secretaria Municipal de Saúde de Assis/SP
<http://lattes.cnpq.br/1544271886073945>

Andreia Sanches Garcia

Secretaria Municipal de Saúde de Assis/SP
Universidade Paulista Unip
<http://lattes.cnpq.br/0597912590622702>

Camila de Moraes Delchiaro

Secretaria Municipal da Saúde de Assis
<http://buscatextual.cnpq.br/buscatextual/visualizacv.do?metodo=apresentar&id=K4284209J0>

Maria Eulália Baleoti

Fundação Educacional do Município de Assis/SP
<http://lattes.cnpq.br/3068494926546738>

Lilian Dias dos Santos Alves

Fundação Educacional do Município de Assis/SP
<http://lattes.cnpq.br/9059053835159428>

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



Emilena Fogaça Coelho de Souza

Secretaria Municipal da Saúde de Assis
<http://lattes.cnpq.br/8083171242071543>

Vanessa Patrícia Fagundes

Fundação Educacional do Município de Assis/SP
<http://lattes.cnpq.br/5810261332476213>

Luciana Gonçalves Carvalho

Secretaria Municipal da Saúde de Assis
Fundação Educacional do Município de Assis/SP
<http://lattes.cnpq.br/9370051416329222>

Fernanda Cenci Queiroz

Fundação Educacional do Município de Assis/SP
<http://lattes.cnpq.br/3997031605010772>

Maria Victoria Marques Polo

Fundação Educacional do Município de Assis/SP
<http://lattes.cnpq.br/6886736861397556>

Vinicius de Castilho

Fundação Educacional do Município de Assis/SP
https://wwws.cnpq.br/cvlattesweb/PKG_MENU.menu?f_cod=2070CD02D19E7D436E917C35AAC43F80#

Carolina de Freitas Oliveira

Fundação Educacional do Município de Assis/SP
<http://lattes.cnpq.br/0564277324600411>

Abstract: To aim at the teaching-service-community integration in the strengthening of strategic areas for the Unified Health System (SUS), this study presents a discussion on the guidance policy for health professionals, through the Education through Work Program (PET). With the objective to describe the experience report of one of the preceptors and tutors that make up the PET – Saúde, in face of the Interprofessionality in Health in the Municipality of Assis/SP from a methodology composed by bibliographical research, documental research and by the descriptions of these participants. Initially, a delineation of the health situation of the municipality in the interior of São Paulo was carried out, identifying weaknesses in maternal and child health care; the groups went to the field with tutors under the supervision and guidance of tutors in small groups. Field activities began with the setting with the primary care teams, based on this approach, a survey of health indicators related to pregnant women and children under 5 years of age was carried out. Through this study, it was possible to indicate that the PET Work is essential in the new training of the professional for the development of actions in the unified health system, since it makes it possible to expand the integral look at health involving interprofessionality, making the interdisciplinary team co-responsible for actions related to health care. child maternal health.

Keywords: PET Health, Interprofessionality, Interdisciplinarity, Primary Health Care, Health Promotion.

INTRODUCTION

THE PET HEALTH WORK EDUCATION PROGRAM

From the Federal Constitution of 1988 and the Organic Health Law nº 8.080/1990, which define Health as a citizen's right and a duty

of the State, they also establish the role of the Unified Health System (SUS) as the organizer of the training of professionals. of the area. However, until 2003, the area of Human Resources in Health (RHS) was in charge of general coordination at the third level of the Ministry of Health (MOH). Since this period, with the creation of the Secretariat for the Management of Work and Education in Health (SGTES), the relevance of the HRH for the development of the national health system has been reaffirmed. (FRANÇA et al, 2018, p. 287).

As mentioned by França (2018), the main lines of action regarding policies for reorienting professional training in health are aimed at inducing changes in health graduations and at the professional development of higher and technical workers in the SUS, based on in Permanent Education in Health (EPS). Over the years, within the scope of these lines, several health education programs, actions and initiatives have been implemented, triggering processes of change and strengthening of the SUS.

The health care and management practices developed in the country still demonstrate a distance between the training of its workers (FRANÇA, 2018) in relation to the real needs of the SUS, and building a link between training institutions and the public health system has been a challenge. permanent challenge for the actors involved with such themes in Brazil.

Fonseca and Junqueira (2014) describe that the need to seek the development of new relationships of responsibility and commitment between educational institutions and the SUS becomes inherent, in order to favor the co-management of processes, so that they can actually be achieved. significant changes in health education. The articulation of Higher Education Institutions (HEIs) with the public health system has repercussions

and is essential for the training of human resources from the perspective of the SUS.

The creation of the Education Program through Work for Health (PETSaúde) was a way of encouraging the insertion of HEIs in health units (FONSECA; JUNQUEIRA, 2014, p. 1152). The Program was established in 2008, within the scope of the Ministries of Health and Education, aimed at promoting tutorial learning groups within the Family Health Strategy (ESF). It is characterized as one of the actions aimed at strengthening Primary Health Care (PHC), in accordance with the needs of the SUS and as a guiding thread of the teaching-service-community interaction, a basic axis to reorient training in the health area.

Through Ordinance 198, of February 2004, and implemented by Ordinance No. 1996 of August 20, 2007, the National Policy on Permanent Education in Health (EPS); launched by the Ministry of Health (MS); regulates the training and development of workers in the health area, considering the specificities and overcoming regional inequalities, based on the problematization of reality. (FARIA et al, 2018)

Faria et al mention that Permanent Education highlights Interprofessional Education and teamwork as challenges for the consolidation of the Unified Health System (SUS) based on the realities experienced by the actors involved.

INTERPROFESSIONALITY

The training of professionals for the Unified Health System (SUS) must be based on concepts of health, education and work that point to organic changes in workers, in the health sector and, consequently, in professional practice and care for users. This way, education through work makes it possible to experience the organizational structure of public and community health with a view to

collective health. (SILVA et al, 2015, p. 975)

According to Silva (2015) it is relevant that, in this perspective, the relationships between health professionals, educational institutions and the community are reoriented, and training processes are redefined to work in the health sector, in order to guarantee comprehensive and humanized care for the population.

For the implementation of Permanent Education, Interprofessional Education, in turn, is an essential element and has been used as a teaching strategy aimed at training critical, reflective professionals capable of working as a team and, at the same time, responding to social needs. The principles of Interprofessional Education are applied in permanent education and constitute a challenge to the construction of new technologies for work in the SUS. These changes must seek to articulate theory and practice and integrate teaching and learning, influencing the instrumentalization of new health professionals. (Faria et al, 2018).

Regulated by the MS/MEC Interministerial Ordinance No. 1802, of August 26, 2008, PET-Saúde is a policy of guidance on professional training in health focused on the needs of the population and

strengthening strategic areas for the SUS (Faria et al, 2018), through the expansion of the processes of change in health graduation, professional practice and care for users, with a focus on teaching-service-community integration.

EPIDEMIOLOGICAL SITUATION OF MATERNAL AND CHILD HEALTH

Below is Table 1 referring to the data collected from the Monitoring Panel of Infant and Fetal Mortality of the last 5 years recorded according to the Department of Information and Epidemiological Analysis of the Secretariat of Health Surveillance.

Table 2 is shown below. Regarding the Maternal Mortality Monitoring Panel according to the Indicator: “Declared Maternals with Direct Obstetric Causes” in the category “Notification of deaths of women aged 10 to 49 years”

OBJECTIVE

Therefore, and in the face of this current scenario, education in the PET-Health proposal would enable Interprofessionality in maternal and child health care. This experience report aimed to describe the experiences in

Investigations of Infant and Fetal Deaths from Preventable Causes from 2015 to 2019					
Place	Years of occurrence				
	2015	2016	2017	2018*	2019*
Brazil	20159	19221	19973	18392	7091
Southeast	7105	6871	6836	6569	2656
São Paulo State	3403	3253	3392	3121	1241
Assis	10	5	7	10	2

Table 1. Investigations of Infant and Fetal Deaths from Preventable Causes from 2015 to 2019.

Source: Infant and Fetal Mortality Monitoring Panel 2015 – 2019.

* Data is still preliminary (Monitoring Panel 2015 - 2019).

Investigations of Declared Maternal Deaths with Direct Obstetric Causes from 2015 to 2019					
Place	Years of occurrence				
	2015	2016	2017	2018*	2019*
Brazil	1155	1120	1167	1061	578
Southeast	400	379	427	362	193
São Paulo State	191	182	212	171	88
Assis	0	0	0	1	0

Table 2. Investigation of Declared Maternal Deaths with Direct Obstetric Causes 2015 to 2019.

Source: Declared Maternal Death Monitoring Panel with Direct Obstetric Causes 2015-2019.

* Data is still preliminary (Monitoring Panel 2015 - 2019).

these first 6 months of the insertion of PET in Basic Health Units of a city in the interior of São Paulo.

METHODOLOGY

Description of Experience Report in PET Saúde carried out in six months from April 2019 to September 2019 in the Basic Health Units (UBS) of a city in the interior of São Paulo involving students from the courses of medicine, physiotherapy and nursing.

In this project the activities were carried out in a workload of 8 hours per week, including practical activities in the UBSs, areas of self-directed study and monthly meetings between coordinators, tutors, preceptors and students.

RESULTS AND DISCUSSIONS

TUTOR GUIDANCE WITH SMALL GROUPS

The meetings in small groups were held on the faculty premises, lasting about two hours, under the coordination of a professor of the medicine course, guidance from a physical therapist tutor, a nurse preceptor and another speech therapist preceptor, with the participation of three medical students, two of physiotherapy and one of nursing.

Discussions were developed in these meetings with the objective of building theoretical knowledge through an active teaching-learning methodology, containing the provisional synthesis, qualified search, new synthesis and evaluation. The learning moments were based on the experiences of interdisciplinary groups in health education actions in the community. (ASSEGA, 2010).

Initially, the integration between the courses was carried out, which took place through these meetings between the students and aimed to address the various areas of knowledge of the professional categories, so that, this way we could meet the health needs of the population in an integral way. This experience provided academics with the sharing of knowledge and encouragement for interprofessional actions in the future.

After this integration, the survey of health indicators relevant to the objectives of the PET began, such as the number of pregnant women who undergo prenatal care in these health units, the list of children who underwent the heel prick test and the period in which these tests were performed.

During the pedagogical cycles, learning gaps related to family planning, benefits and technique of breastfeeding and newborn care

were identified, and questions were elaborated on these topics. The academics carried out the individual search for these questions, developing the self-learning process. In face-to-face meetings, the group shared the responses studied based on the scientific literature, grounding the development of the research.

This experience of the PET-Saúde Interprofissionalidade had as a methodological reference the principles of action research, valuing the individual's protagonism for social transformation. This methodology becomes fundamental in a teaching-learning process that considers the territory as the basis for health education, through the reflection of the lived experience with the objective of interacting and proposing improvements in the social and health context, considering the Health Needs of the population in the Unit's area of coverage. (FARIA, LINAET et al, 2019; VASCONCELLOS et al, 2016)

This didactic strategy implies new challenges for health science courses, such as the structuring of an integrated curriculum, in which the axis of training is in the articulation between practice-work-care. (FARIA, LINAET et al, 2019; VASCONCELLOS et al, 2016)

Through this research, it was possible to carry out a diagnosis based on maternal and child health indicators in the areas covered by the UBSs, which sought to identify both the problems and the potential of the territories, with the active participation of the community and health service professionals. This diagnosis was used as a basis for choosing the main problems and planning actions together with the health team, in order to transform social realities.

For this planning process, studies were developed in educational activities for the elaboration of guidance groups within the routine of the professionals involved, with

strategies that integrate preventive health and acting on the risk factors of that population. (ASSEGA et al, 2010)

The insertion of academics in health services from the beginning of graduation was essential for the student's training process, contributing to a significant look at health actions in Primary Care through interprofessionality.

FIELD ACTIVITIES WITH STUDENTS AND PRECEPTORS

The activities in the Field of one of the groups were carried out in a Basic Health Unit characterized as a Basic Health Unit (BHU) with a Traditional characteristic. The activities at this UBS started in April 2019, they are carried out once a week, under the guidance of a nurse preceptor, with the participation of three academics, two from medicine and one from nursing and biweekly with small groups in the orientations by Tutoring in person.

The Basic Health Unit (BHU) selected for this Pet group has an attached territory with an average of 20,000 people, with a multidisciplinary team composed of a Unit Manager Coordinator, a Nurse, five Nursing assistants, two General Physicians, a Pediatrician, two Gynecologists and Obstetricians, three dentists, one pediatrician and two clinicians, a psychologist, an Administrative Assistant, two Administrative Assistants, three Administrative Interns, two Physical Educators, two General Service Assistants.

THE AMBIANCE

Initially, the students recognized the Field, the Team and the Users, which allowed them to know the physical structures, the organization and functioning of the service and its daily routine.

In the first days, the students participated in person in the activities of the daily

routine with the professionals of the team to better acclimatize and get closer to the local reality, that is, understanding which local activities were established in the service, they went through the various sectors of the Unit such as the Service Room of General Clinical Nursing, Obstetrics and Gynecology, Pediatrics, Vaccine Room, Examination Scheduling Room, Administrative, Reception on Spontaneous Demand, Vaccine and Foot Test.

Over the days, already familiarized with the team and their work routine, the students began to organize themselves, as instructed by the preceptor, in the services of that Unit referring to Maternal and Child Health, that is, to know, witness, observe, analyze the actions in Vaccination Room, Foot Test, Child Anthropometric Control, Prenatal, Pregnant Registration and Rapid Diagnostic Tests for HIV, Syphilis, Hepatitis B and Hepatitis C aimed at pregnant women, removal of cesarean stitches.

And so, daily at the end of the day, the students held a brief discussion of the day with the preceptor, intending to relate the experiences of that place to interprofessionalism aimed at maternal and child health.

SURVEY OF HEALTH INDICATORS

Based on the discussions in the Small Groups guided by the Tutors, in the Field with a preceptor and in view of the experienced scenario, the first surveys of the Health indicators related to that Unit were started and mainly related to maternal and child health.

The Unit had been using the Esus Electronic Medical Record service for a year, consequently, the moment was still of transition regarding the records among the professionals of that UBS. Therefore, many of these Indicators were exhaustively surveyed, many of them through the survey of medical records by medical records, and always

sharing with the service professionals, who collaborated in this survey, and thus getting closer to the proposal of interprofessionalism and awareness of the child maternal health.

The indicators referring to the health status of pregnant women in that Unit were: number of pregnant women registered in that unit; number of pregnant women residing in the unit's territory; number of pregnant women who are reference for family health strategies; pregnant women who performed prenatal care; number of prenatal consultations performed; scheduled and occasional prenatal consultations for each pregnant woman; number of pregnant women referred for high-risk prenatal care; which are the diagnoses of these pregnant women referred to high-risk prenatal care.

The indicators related to the health situation of the children in the Field Unit were: number of children under 5 years old registered in that Unit; number of children and newborns who underwent the Foot Test; number of foot tests with results within the reference values and abnormalities; eventual and scheduled pediatric consultation for childcare for children under one year of age; reason and complaints of pediatric consultations.

DISCUSSION OF THE SURVEY OF INDICATORS

These indicators were tabulated and taken for presentation in small orientation groups with the Tutors, where we discussed together with the other group relating the close health realities in these territories.

Faced with the reality found, we identified in the indicators already raised its weaknesses and potentialities and we related the proposal of Interprofessionalism in health related to maternal and child health and we propose some initial actions to support the Health team.

ACTION PLANNING AND INVOLVEMENT WITH TEAMS

The experiences in the Field, with the Health Indicators, and supporting bibliographic references, it was possible to carry out initial local planning, as is already underway. “Mamaço” as an “Extramural Activity”, held on a Sunday afternoon at Parque Buracão in the city.

For the groups carried out with the pregnant women, a planning was initially made, including team members and with the support of a member of the Family Health Support Center (NASF), the physical therapist, and the representative of the Germinar Project of the Municipal Health Department of the State of São Paulo. County.

The actions in the Groups were shared with the Nursing Assistants who work in the Obstetrics of the Unit with the physiotherapist and nutritionist of the NASF and the representative of Germinar and in the Group with mothers we also had the participation of Nursing Assistants from Pediatrics, Vaccine and Foot Test and the Dentist.

Collective actions will have more relevant aspects if shared with Team members to address Pet’s proposal on interprofessionality.

In addition to collective actions as intervention measures, other proposals such as participation in the Team Meeting, for greater approximation of Interprofessionality and explanation of the Pet proposal and the Health Indicators surveyed, support in Home Visits as a form of Active Searches of Critical Cases, Elaboration of Educational Material related to Maternal and Child Health and support in training professionals who work directly with pregnant women and children as a way to strengthen, enhance, increase the professional bond with users and staff.

FINAL CONSIDERATIONS

The activities of Pet-Saúde, through this methodological proposal, provided a greater integration between academics, health services and the community, providing opportunities for their early insertion in the health services of Primary Care, making them professionals better qualified to act. in multi-professional teams and provide comprehensive and humanized care to the community.

Pet-Saúde sought to reinforce academic practice, linking the faculty, in teaching, research, service and extension actions, according to the needs of the population, in a constructive way and together with the multidisciplinary team.

REFERENCES

Assega et al. **A Interdisciplinaridade vivenciada no PET-Saúde**. Revista Ciência & Saúde, Porto Alegre, v. 3, n. 1, p. 29-33, jan./jun. 2010. [Acesso 12 de Outubro 2019]. Disponível em < <http://revistaseletronicas.pucrs.br/ojs/index.php/faenfi/article/viewFile/7027/5915>>

Faria et al. **Integração ensino-serviço-comunidade nos cenários de práticas na formação interdisciplinar em Saúde: uma experiência do Programa de Educação pelo Trabalho para a Saúde (PET-Saúde) no sul da Bahia, Brasil**. Revista Interface - Comunicação, Saúde, Educação [online]. 2018, v. 22, n. 67 [Acesso 11 de Outubro 2019]. Disponível em: <<https://doi.org/10.1590/1807-57622017.0226>>.

Fonseca GS, Junqueira SR. **Programa de Educação pelo Trabalho para a Saúde da Universidade de São Paulo (Campus Capital): o olhar dos tutores**. Revista Ciência & Saúde Coletiva. 2014, p. 1152. [Acesso 12 de Outubro 2019]. Disponível em < <http://www.scielo.br/pdf/csc/v19n4/1413-8123-csc-19-04-01151.pdf>>

França et al. **PET-Saúde/GraduaSUS: retrospectiva, diferenciais e panorama de distribuição dos projetos**. Revista Saúde Debate. 2018, p. 287-288 [Acesso 12 de Outubro 2019]. Disponível em: <<http://www.scielo.br/pdf/sdeb/v42nspe2/0103-1104-sdeb-42-spe02-0286.pdf>>

Painel de Monitoramento Mortalidade Materno Infantil 2015-2019. [Acesso em 12 de Outubro 2019]. Disponível em <<http://svs.aids.gov.br/dantps/centrais-de-conteudos/paineis-de-monitoramento/mortalidade/infantil-e-fetal/?s=MSQyMDE0JDEkNyQzNSQzNTA0MDAkMyQxJDAkNDAwNiQwJDAkNSQyJDQwMDAwMSQw>>

Painel de Monitoramento Óbito Infantil e Fetal 2015-2019. [Acesso em 12 de Outubro 2019]. Disponível em <<http://svs.aids.gov.br/dantps/centrais-de-conteudos/paineis-de-monitoramento/mortalidade/materna/?s=MSQyMDE5JDEkNyQzNSQzNTA0MDAkMSQxJDAkMzAwNiQwJDUkMiQzMDAwMDEkMA==>>

Silva et al. **Saúde e educação pelo trabalho: reflexões acerca do PET-Saúde como proposta de formação para o Sistema Único de Saúde**. Revista Interface. 2015 p. 975-976. [Acesso 12 de Outubro 2019]. Disponível em <<http://www.scielo.br/pdf/icse/v19s1/1807-5762-icse-19-s1-0975.pdf>>

Vasconcelos ACE, Stedefeldt E, Frutuoso MFP. **Uma experiência de integração ensino-serviço e a mudança de práticas profissionais: com a palavra, os profissionais de saúde**. Revista Interface (Botucatu). 2016; 20(56):147-58. doi: 10.1590/1807-57622015.0395. [Acesso em 11 de Outubro 2019]. Disponível em < <http://www.scielo.br/pdf/icse/v20n56/1807-5762-icse-20-56-0147.pdf>>