



ISSN: 2230-9926

Available online at <http://www.journalijdr.com>

# IJDR

International Journal of Development Research  
Vol. 09, Issue, 01, pp.25425-25429, January, 2019



ORIGINAL RESEARCH ARTICLE

OPEN ACCESS

## THE TEACHING OF HEALTH PLANNING FOR RESIDENTS IN MULTIPROFESSIONAL FAMILY HEALTH: THEORY AND PRACTICE

<sup>1</sup>\*Sâmia Cristine Rabelo Borges, <sup>2</sup>Gleyce Pinto Girard, <sup>3</sup>Daniele Melo Sardinha, <sup>4</sup>Sâmela Stefane Corrêa Galvão, <sup>5</sup>Victor Viana da Graça, <sup>6</sup>Cléa Nazaré Carneiro Bichara and <sup>7</sup>Emmanuel Ribeiro Cunha

<sup>1</sup>Nurse, Master in Health and Education in the Amazon, University of the State of Pará UEPA, Director of the Policies for Integral Health Care – DPAIS, Secretary of State for Public Health of Pará SESPA

<sup>2</sup>Nurse, Master in health and Education in the Amazon, University of the State of Pará UEPA, Professor University of the State of Pará UEPA

<sup>3</sup>Nurse, Post-Graduate studies in Cardiology and Hemodynamics, Integrated Faculty of the Amazon FINAMA

<sup>4</sup>Nurse, Master student in Health, Environment and Society in the Amazon, Federal University of Pará UFPA

<sup>5</sup>Nurse, Master in Nursing, University of the State of Pará UEPA, Professor University of the Amazon UNAMA

<sup>6</sup>Doctor, PhD in Biology of Infectious and Parasitic Agents, Federal University of Pará UFPA, Professor University of the State of Pará UEPA and University Metropolitan Center of the Amazon UNIFAMAZ

<sup>7</sup>Pedagogue, PhD in Education, Federal University of Rio Grande do Norte UFRN,

Professor University of the State of Pará UEPA

### ARTICLE INFO

#### Article History:

Received 27<sup>th</sup> October, 2018

Received in revised form

30<sup>th</sup> November, 2018

Accepted 25<sup>th</sup> December, 2018

Published online 30<sup>th</sup> January, 2019

#### Key Words:

Credentialing, Professional Training, Education, Higher, Health Planning.

### ABSTRACT

**Objective:** to analyze the knowledge and practices of students of Multidisciplinary Residency in family health, on the health planning and your relationship with the political, social and economic dimensions of the territory. **Methodology:** qualitative study of exploratory character, based on content Analysis of I. Bardin, which involved in your implementation, 21 interview Multiprofessional family health Residents the UEPA, guided by a script with questions structured interviews. **Results:** the reports of residents showed 03 (three) thematic categories: planning as a means to reach the objectives in health actions; The teaching in the planning service in RMSF: theory and practice; and planning based on knowledge of the needs of the territory. **Conclusion:** the results show that residents in Health Planning conceive of as essential for the achievement of objectives in the dynamics of health assistance, however present fragility in the teaching and learning of this theme in the teaching practice in service, a fact that makes the realization of health planning on the basis of the political, social and economic dimensions of the territory.

Copyright © 2019, Sâmia Cristine Rabelo Borges et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Citation:** Sâmia Cristine Rabelo Borges, Gleyce Pinto Girard, Daniele Melo Sardinha et al., 2019. "The teaching of health planning for residents in multiprofessional family health: theory and practice", *International Journal of Development Research*, 09, (01), 25425-25429.

### INTRODUCTION

The Sistema Único de Saúde – SUS, plural model, which made universal healthcare in the country, created by Federal Law No. 8,080 of 1990, called "Organic Health Law", which States "health is not just the absence of disease, but is determined by a series of fat ores are present in daily life, such as: food,

housing, sanitation, environment, work, education, leisure, etc., and highlighted the need for the formation of human resources, to meet the demand of the health system (Brasil, 1990). It promoted to re-value and to propose strategies in the process of formation of the professional of health, for so much, between the years of 2001 and 2004, the Directives Curriculares Nacionais were approved – DCN, for the Courses of the Graduation in Health, which introduced changes in the organization curricular, I teach integration and service, with the proper emphasis in the necessity of the educative process and the practices rethink in health. In relation to graduate these professionals, the medical residency programs and residency in Area Health Professional (uni or multidisciplinary) on the issue of human resources training for the SUS. The importance

\*Corresponding author: Sâmia Cristine Rabelo Borges,

<sup>1</sup>Nurse, Master in Health and Education in the Amazon, University of the State of Pará UEPA, Director of the Policies for Integral Health Care – DPAIS, Secretary of State for Public Health of Pará SESPA.

of Multidisciplinary Residency was recognized, especially by your role in the critical perception of management in health, in the dialogue between different knowledge and practices and rapprochement between the Academy and health services (Lima, 2015). As a health professional and experiences in management, through the coordination of primary health care, especially in the family health strategy, I had the opportunity in the year of 2012 to get in touch with the Multiprofessional Residency Program in the Health Family – RMSF, University of the State of Pará, being invited to develop activities of Preceptorship. During the experience as a preceptor, identified the difficulty of students about the work process development of family health teams, in particular the achievement of the health planning based on Territorialization. In this way the health planning is essential to the achievement of the proposed objectives, and "constitutes a continuous instrument for diagnosing the reality and propose alternatives to transform it, the means to provide that happen and the opportunities to perform the actions planned, which may require a restart of the cycle " (Lacerda, Botelho e Colussi, 2016). Based in the understanding submitted on health planning main objective of the study was to analyze the students' knowledge of the Multi professional Residency in family health, about the planning of health and your relationship with the dimensions political, social and economic planning, in virtue of the Multi professional Residency in Family Health, by using innovative technologies to the teaching service, be a strategy to achieve this professional training and health system needs.

## MATERIALS AND METHODS

This is a qualitative study, exploratory, descriptive character held with students in the program of Multidisciplinary Residency in family health offered by the University of the State of Pará-UEPA, attended by 21 Residents, involving professionals in the field of nursing, physiotherapy, occupational therapy and dentistry. The choice of the participants was according to the duration of the course, the students were finishing the first and second year of the course, because all would have passed the basic cycle activities, thus already have knowledge of the system health, on the development of health care of the individual and the collective, and the working process of the family health strategy and the NASF. To explore the object of this research, interview technique was used, guided by a script with open and closed questions, were recorded with the consent of all and then transcribed verbatim, to the program Microsoft Office Word 2010 for Windows for analysis and organization of categories by similarity in the information.

The Organization and analysis of data was carried out from the content Analysis proposed by (Bardin, 2016). The Thematic Analysis type is more than suitable for this study. When applying this type of analysis, the interviews were broken down into registration units suffered classification according to the frequency of occurrence of the themes present in accordance with the issues made the subject (Oliveira, 2008). The refinement of the analysis also identified the for occurrence she could undertake more thematic classification density. The application of the method of analysis has led to the formation of axis of organization of topics, which were the basis for the formation of the empirical analysis categories. This study was carried out in accordance with the principles set out in resolution No. 466, 12 December 2012 in which incorporate, from the perspective of the individual and of the

collectivities, references of bioethics, such as autonomy, beneficence, non-maleficence, Justice and equity, among others, and aims to guarantee the rights and duties that relate to research participants, the scientific community and to the State. (Brasil, 2012). In carrying out the interviews, participants agreed, signed an informed consent- TCLE, to maintain the anonymity of the same encoding was used by letters R, and the numbering of the interview order 1, 2, 3. getting the encoding of the participants of the study as R1. R2. R3.

## RESULTS AND DISCUSSION

About the characterization of the 21 participants in the study identified that 51% (11) were in the second year of residence-R2. Most of the residents are female 76% (16), with 93% prevalent age group (11) between 23 to 30 years. There was a balance between the participating professions of residence since 2012, nursing 29% (6), Fisioterapia 33% (7), occupational therapy 33% (7), inserted into the program in 2015 with 2 slots Dentistry's participation was of 5% (1) of the total number of participants, but 50% the total number of vacancies. In relation to the period profession 57% (12) have an average of 2 to 5 years of graduates, and 90% (19) does not have expertise. About the professional experience, most don't have experience 81% (17), of those who reported having experience (04-19%), only 01 (25%) claimed to have acted in the basic attention. Therefore, it is concluded that the respondents' profile, in your most are young graduates, mostly female, showing little professional experience, in the basic attention or in your training area.

This profile takes us to reflect that such professionals are seeking professional qualification, therefore chose to attend the Multiprofessional Residency in family health, among others, as the first specialization, despite not having been object of study this profile led to other questions: the lack of experience in the area came about by lack of integration into the labor market and the prospect of scholarship and affinity of the area brought this professional to attend the RMSF? Regardless of the reason, the fact of this professional be attending and completing this program contributes to human resources in the health area more ready for the need of the health service. The Multiprofessional Residency Programs are in fact an important strategy for the formation of this professional health services need "knowledge, skills and attitudes, would be the resources with students of the residences they would have to interpret the contexts where they develop work processes, and perform their actions " (Aguiar, 2017).

**Thematic Categories:** The categories raised after analysis were: planning as a means to reach the objectives in health actions; The teaching in the planning service on ESF and planning based on knowledge of the needs of the territory. On the first category: planning as a means to reach the objectives in health actions, residents have the following their conceptions of the health planning, as demonstrated in the lines below:

*[...] in planning the strategy is one of the first things we should do, to chart the goals [...] R1*

*[...] the planning within the ESF is paramount, without a planning is difficult to follow the objectives of the ESF. (R3).*

*About planning and family health strategy, I understand that, in the work of the ESF we start the trace set the instruments we use to achieve certain goals [...]. (R6)*

These concepts confirm with Paim (2006, p. 770), because planning is not just theory, ideology or utopia. Planning is commitment to action. Planning is thinking, in advance, the action. Is an alternative to improvisation. Is recognized as a method, tool, instrument or technique to the management, management or administration, and as a social process involving subject, individual and collective (Paim, 2006). In his studies (Lacerda, Botelho e Colussi, 2016) also States that the health planning is defined as a continuous instrument for diagnosing the reality and propose alternatives to turn her, demonstrating the means to make it happen and the opportunities for perform the actions, with a view to solving problems and attendance of individual and collective needs.

In the family health strategy that look of various interests, the identification of favorable and unfavorable factors to make health, of different users that comprise the area of the team, of the social and health equipment in the area of coverage of the team, are key to the planning process. When this planning is not carried out actions in health do not reach their goals, as well placed by respondents:

*My perception is that it is something important, something that will guide the actions of the strategy and how the actions would be conducted, but often they are neglected because they are placed in the background the question of planning, and so much of the time our actions are not as effective, why is there a lack of prior planning before executing an action [...] R 15.*

Gomes (2015) to address the work and planning process on the family health strategy, as well as Paim (2008), sees the plan as a way of explanation of what will be done, when, where, how, with whom, and for what, and both agreed that the " Health planning is one of the biggest challenges for the family health Strategy " (Paim, 2006). With respect to the perceptions of the Multiprofessional family health Residents about the health planning, they reflect a need for increased along approach to residents, to consolidate with them and be in their professional lives to the first action to be performed for the achievement of objectives. In the family health team planning is essential to the achievement of health actions that intervenes in favors of the health of individuals and disease process community, and expand access to primary health care and quality precedent.

In the category teaching in Planning Service in RMSF: theory and practice is discussed on the basis of the testimony of the participants, the theoretical and practical integration on the teaching of health planning:

*[...]Theory and practice on the course is something that is not linked, we saw a planning instrument and was something according to our experience, but we don't put this in practice, and was not in fact what was happening in the territory, and we didn't know everything. R4*

*[...]If the people involved since the construction process from planning and implementation, I believe, of course we would have another reflection on the actions in the strategy, and how she'd be favoring community. R5*

According to the reports, there is a gap between the reality and practice in relation to planning.

Therefore, the relevance of the discussion lies in the fact that the content was discussed in the classroom, as noted in the previous Analysis category, but was not applied in the services, which are practical scenarios. The weakness in professional training for the unified Health System, has been debated and has promoted changes in the curriculum guidelines of the various courses of the health area. Rodrigues (2017), confirms that this change is one of the strategies for intervene in one of the problems of the health sector, which is the difference between: the training of health professionals, the need of the service and the need for population health. Thus, also in grad school is necessary to rethink and redraw the approach of this content in the dynamic of education offered by the Multiprofessional Residency in family health, especially in practice, so that they can articulate theory and practice about the health planning. Because they are in spaces of services workers operate their understandings about health, are essential actors to any strategy to transform the practice (Brehmer e Ramos, 2016).

Think of the tutors as agents of change in the teaching and learning process for teaching-service integration, it is essential, since, according to expressed by students, tutors or don't do this joint, identified as negative influencer by the learning of the same in relation to health planning:

*[...] He introduced the planning that he (Preceptor) had already done. The project that he had prepared and was already putting into practice[...] (RII-1).*

*(...) I spent 6 months in NASF on UEAFTO I don't know if the girls while residents have participated in the only meetings that we were asked was like that when I was some event, but to distribute tasks, nothing of the Organization and planning itself[...] (RI-13).*

In studies of Botti e Rego (2008) which specify the roles of tutor, Supervisor, Tutor and Mentor in residence, the "Preceptor" is defined as the seasoned professional who is not from the Academy, it is up to him to promote the integration between the theories and the practice carried out in service, promoting the professional training the ability to develop actions to solve problems of individuals and the community. This professional is responsible for mediating the care of subjects with the role of educator, in which the Act of teaching should not be understood as a knowledge transfer, but create the possibilities for your production or your evolution (Freire, 2002). In this context efforts, Aguiar (2017) investigated the graduate-level training in residence and aimed to "Analyze experiences and perceptions of the preceptor in the training of residents in the area of family health (Brazil and Spain) and women's health (Brazil), outpatient and hospital-wide ", in Brazil included the Multiprofessional Residency in family health, although does not exist in Spain. The author questioning study participants about "consider themselves to be prepared" to promote the theoretical learning and to manage the audiovisual resources, identified one of the Residency programs 05, that the Tutors of Health Residence the family are those who "consider less prepared" to promote the learning of theoretical (78.3%) and to manage the audiovisual resources (81.1%). To complete this category showed that residents not articulated the theory and practice of health planning for the teaching service, and how they referred to have not practiced because the action plan in the field of practice, that education would be offered by the Preceptor.

Thus, the RMSF should strengthen the role of the tutor, invest in qualifying for the execution of this function. They must be able to provide students with reflective attitudes and emancipatory allowing the overcoming of obstacles and alternatives of solutions of the problems encountered in the practical field, so that they can effectively provide residents to appropriation of theoretical knowledge and practical implementation, in particular the health planning. In the category Planning based on knowledge of the needs of the territory can identify the students' view about the relationship between health in planning and territory:

*Would you identify needs, why do you need to do that activity, after you identify the needs you see how you will achieve your ultimate goal with that activity, you will create the methods to achieve and you have to create any instruments that assess whether you achieved or not that activity, so this does not happen. [...]* R 10

*[...]. So, in my practice we always demand is really see and discuss our actions. Will our actions supply the need of our customers [...]* R 16.

Planning is a process of rationalization of human actions is to define propositions and build your viability, to troubleshooting and service of individual and collective needs (Teixeira, 2010). According to residents, for planning to be effective it has to be based on the needs of the population. Paim (2006) States that in the health sector it is important to recognize that the problems are related to "health" or "Health Services", the first also called Terminal problems (diseases, accidents, vulnerabilities and risks) and the second also called intermediate issues (infrastructure, management, finance). It is also important to add to these the problems arising from the social determinants of health, which significantly influence the planning of a health team and the achievement of results.

To relate the words of the participants, conclude that they associate the health problems health state:

*[...] need to know the territory, we need to know the profile of that population and the family health Team will be important and what she needs to do to improve the population, especially in relation to health[...]* R 4

*[...] Planning for me is a way of organizing the service using some strategies, as an example to the amount in the area of diabetics with hypertension how much? To then draw a care, plan[...].* R 12

To relate the effectiveness of planning in ESF with the needs of the territory, it is identified in the accounts a rapprochement with the Explanatory moment, part of the strategic planning in health, that being the moment of the diagnosis, prioritization of problems, along with a description and explanation of the problem. Lacerda et al. (2016) e Gomes (2015) When addressing the work process of the family health teams agree that the Planning includes a set of tasks and activities, to the achievement of the goals, which make it as a recurring process, highlighting four moments: Explanatory, Normative, Strategic and Tactical-operational (strategic Planning-Situational-PES of Carlos Matus (Merhy, 1995). The strategic planning in health it appropriate to the ESF by having the possibility to be upgraded or modified in accordance with the need for this with no disability in your implementation.

It is compatible with the dynamism and mutation in the economic, political and social contexts of reality. (Gomes, 2015). In the family health strategy, the diagnosis of the area emerges from a Territorialization that truly represents the territory of a health team. In the interviews we observed the students point out how Territorialization:

*[...] Well, the first time we had this well-defined from each team, including us until it made the territorialization of bedridden patients, we had a program on the computer, so we marked, had critics, totally dependent on, we had it all mapped, so it sits there, visible to all printed[...]* R 8

*(...) Yes, Yes, I had. Including us of NASF, we have developed a work together with this ESF, which was to map the area, we realized that was already there for a while, but had not had that contact with the main demands us answer ... Then from there we can propose and develop some activities, such as the creation of the Group of pregnant and before that we were developing group with elderly and very present, population groups with people who had physical problem s[...]* R 11

We infer that the students relate the territorialization in the format of a map showing the demands of needs of the population served. To Souza (2004) the territorialization is understood as a process, a technique and a method, such as a vision of social analysis category, as a methodological path to the social production of health. The territorialization consists of one of the foundations of the Organization of the work process and the health practices of the ESF. She emerges, especially the spaces of everyday life, including from the home (family health programmers) the areas (of health units) and community territories (sanitary districts and municipality) (Monken e Barcellos, 2005). For completion of territorialization the team must identify the indicators of your diagnosis area demographic, epidemiological, social, and other. With the completion of territorialization obtain also the local health diagnosis, which demonstrates the problems and needs of the population assisted by the team. A good diagnosis will be essential to the achievement of a good health planning (Lacerda, Botelho e Colussi, 2016). To find knowledge of Multiprofessional Residents in family health, planning on ESF, your effectiveness must be based on the needs of the territory, and the territory comes from the construction of a map showing the demands of the needs assisted population, have identified a partial vision of the territory, because little related to an area of political, social and economic relations, having the vision geared more to the problems of health. This vision needs to be widely discussed in the Multiprofessional Residency in family health, since the same aims to offer the population a wide vision of the care, and based on the principles and guidelines SUS from the needs local and regional authorities, proposing the development of skills, the same, focusing on: health care; Decision making; Communication; Leadership; Administration and management; and Permanent Education.

## Conclusion

With the completion of the study we encounter result of Multiprofessional residents in family health, both in the first year and the second, presented a theoretical knowledge of what is health planning still in need of major reasons for your consolidation as professional practice, but it is important to

point out that they already understand how first attitude to be held to the achievement of the goals of health actions carried out. The Multi-Professional Residence aims at the formation of critical and reflective professionals, prepared to act in the SUS so humanistic and committed to the uniqueness of their patients (users of services). It is the responsibility of the educational institution and the coordination of the Multiprofessional Residency in family health a look on as is occurring and developing the teaching relationship, i.e. the relationship resident and Preceptor, to achieve the goal of same, which is "preparing health professionals with vision critical to develop technical skills-ethics-humanist, using exchanges of knowledge and experiences from the teaching-service integration.

In this way, we can see that the residents are completing residency in family health with fragmented knowledge about health planning, knowledge which should bring the principle of graduation and be more empowered in residence. This study provided during all phases of your achieving a rethink, a reflection of my own actions. As healthcare professional, I reflected on what I do in my practice assistance to users of the health service, I am performing all I can? As Manager of health services promote the achievement of health actions that interfere positively in the process health disease of the individual and community? And as preceptor of the Multiprofessional Residency in family health, contribute positively to the formation of qualified human resources for health services? These questions lead me to see that we are professionals always in evolution, and that the pursuit of knowledge will be crucial to this development. The conclusion of the study caused a product directed to residents and Preceptors, in order to facilitate the preparation of the Multiprofessional family health Residents to develop a health planning with the look at the confrontation of problems of health status, Health Service and related to political, social and economic dimensions of the territory. Such research does not exhaust the subject, quite the contrary, search actually give rise to discussion and stimulate the reflection of all those involved in the teaching-learning process in Human resources training Policy for the SUS.

## REFERENCES

Aguiar, A. C. De, 2017. "Preceptoría em programas de residência: ensino, pesquisa e gestão", *CEPESC*, 1, p. 1–270.

Bardin, L. 2016. *Análise de Conteúdo*. Almeidina Brasil, São Paulo, Brazil.

Botti, S. H. de O. e Rego, S. 2008. "Papel de preceptor, supervisor, tutor e mentor", *Revista Brasileira de Educação Médica*, 32(3), p. 363–373. doi: 10.1590/S0100-55022008000300011.

Brasil, M. da S. 1990. *Lei 8.080 de 19/09/1990, Conselho Nacional de Saúde*. Available at: [http://conselho.saude.gov.br/legislacao/lei8080\\_190990.htm](http://conselho.saude.gov.br/legislacao/lei8080_190990.htm) (Acessado: 13 de janeiro de 2019).

Brasil, M. da S. 2012. *Resolução Nº 466, de 12 de Dezembro de 2012, Conselho Nacional de Saúde*. Available at: [http://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466\\_12\\_12\\_2012.html](http://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466_12_12_2012.html) (Acessado: 15 de janeiro de 2019).

Brehmer, L. C. de F. e Ramos, F. R. S. 2016. "O modelo de atenção à saúde na formação em enfermagem: Experiências e percepções", *Interface: Communication, Health, Education*, 20(56), p. 135–145. doi: 10.1590/1807-57622015.0218.

Freire, P. 2002 "Pedagogia da autonomia saberes necessários à prática educativa", *PAZ E TERRA Coleção Leitura*, 25, p. 1–52.

Gomes, R. M. de L. 2015. "Processo de trabalho e planejamento na estratégia saúde da família", *UNA-SUS UFPE*, 1, p. 1–50.

Lacerda, J. T. de, Botelho, L. J. e Colussi, C. F. 2016. "Planejamento na Atenção Básica", *Especialização Multiprofissional na Atenção Básica UNA-SUS UFCS*, 2, p. 62.

Lima, N. T. 2015. *Residências são uma modalidade de formação, Agência Fiocruz de Notícias*. Available at: <https://agencia.fiocruz.br/residencias-sao-uma-modalidade-diferenciada-de-formacao> (Acessado: 15 de janeiro de 2019).

Merhy, E. E. 1995. "Planejamento como tecnologia de gestão: tendências e debates do planejamento em saúde no Brasil", *Abrasco*, 1, p. 1–75.

Monken, M. e Barcellos, C. 2005. "Vigilância em saúde e território utilizado: possibilidades teóricas e metodológicas", *Cad saúde pública*, 21(3), p. 898–906.

Oliveira, D. C. de 2008. "Análise de conteúdo temático-categorial: uma proposta de sistematização", *Revista Enfermagem UERJ*, 16(4), p. 569–576.

Paim, J. S. 2006. "Planejamento em saúde para não especialistas", *Tratado de Saúde Coletiva HUCITEC/FIOCRUZ*, 1, p. 767–782.

Rodrigues, R. M. 2017. "Formação dos profissionais e sistema único de saúde", *Evangraf*, 1, p. 1–113.

Souza, M. A. 2004. "Uso do Território e Saúde. Refletindo sobre 'municípios saudáveis'", *IPES Editorial*, 2, p. 57–77.

Teixeira, C. F. 2010. "Planejamento em saúde: conceitos, métodos e experiências", *EDUFBA*, 1, p. 161. doi: 10.1073/pnas.0703993104.

\*\*\*\*\*