

## Informal evaluative views: PET-Saúde, the educational program for healthcare work, in the spotlight

A multiplicity of views is always possible when it is intended to evaluate a government program. Various emphases can be chosen, and these aid in perceiving the repercussions of programs that support public policies of social interest, such as those relating to health and education, among others.

Many forms of evaluation that are duly referenced to the objectives that justify formulation of programs can be envisaged, thereby diversifying the angles from which phenomena can be analyzed. Evaluative views may be more structured and formal or may be informal, with the aim of ascertaining the adherence of the institutional players implicated in programs such as Pró-Saúde (towards healthcare) and PET-Saúde (educational program for healthcare work), which seek to reorientate the lines along which healthcare professionals are trained.

At the time when the public call for articles for this thematic supplement and book was launched, in July 2014, there were 902 PET-Saúde groups under development, with 15,975 bursary-holders, comprising students, university-level healthcare workers (preceptors) and teachers in a variety of higher-education institutions (tutors and coordinators), in all states of the Brazilian federation.

PET-Saúde (Pró-Saúde and PET-Saúde, PET-Saúde/Vigilância em Saúde [health surveillance] and PET-Saúde/Redes [educational program networks]) had the aim of stimulating production on healthcare education at undergraduate level within the healthcare networks and interprofessionalism within the Brazilian Health System (SUS), from the perspective of shared production within the processes of teaching and experimentation in the sphere of SUS, thereby promoting dialogue between forms of knowledge, comprehensiveness of care and protagonism of users. Publication of the dossier and supplement on this program stems from our interest in casting an evaluative eye over it, in order to seek indirect evidence that might translate the way in which it has had an impact on the scenarios of healthcare learning and practices.

For this, we addressed the total number of submissions that were received in response to the call for papers. These comprised 397 manuscripts, from which 28 manuscripts were approved for the journal *Interface* and 53 for a compilation in book format, to be issued by the Rede Unida publishing house (series on healthcare experiences and education).

Independent of whether the studies submitted have or have not been selected for publication (given the formal requirements and the limits on the space available), our attention was drawn to the way in which the community reacted to the call to share their experiences, critical reflections and studies derived from joining PET-Saúde, in relation to the interventions that they had undertaken towards changing curricula and healthcare practices in services and networks, along with the implications and provocations involved. A significant number of the submissions spoke of the importance that this program has, within the realities of teaching institutions and healthcare services. The studies selected can be read as translations of the positive repercussions of PET-Saúde on the day-to-day routine of services and healthcare teaching institutions, and also as reports that make it clear what the vulnerable points affecting the sustainability of the program are. This constitutes an unparalleled moment of great celebration. Through our appreciation of the experiences that could not be given visibility within the limits of the present publications, our confidence in the power of these programs as means for inducing qualified changes to the lines along which healthcare professionals are trained is intensified.

From a different perspective, a large number of healthcare professionals decided to socialize the advances, limits and challenges of experiencing PET-Saúde, in an implicated manner. These were professionals and students who courageously engaged in the process of changing the lines of healthcare training. This relates directly or indirectly to the target of a collaborative healthcare network that is strongly committed to sustaining SUS and the national curriculum guidelines in this field, as the abstracts of the studies examined can attest. Reports produced by students holding PET-Saúde bursaries separately or in conjunction with healthcare workers (preceptors of PET-Saúde) and teachers (tutors and coordinators of PET-Saúde) have registered experiences or results from studies that aimed to draw out the key categories of the program, such as: interprofessional education; continuing education; correlation, connection, interaction and integration of teaching and healthcare services through education for work; mobilization for curricular changes in healthcare courses; joint construction of intervention projects between teaching institutions, administrators, healthcare workers and the community; networked care; construction of horizontal relationships with greater autonomy for service users, patients, families and the community; the perspective of working in care networks; and health surveillance. Qualitative studies predominated, with a diversity of methodological approaches that included multiple respondents comprising healthcare professionals, public leaders, academics and the community. All of them were in some manner called on to give voice to what they thought about the reach of PET-Saúde.

The proclaimed objectives that guided the studies (research or reports on experiences) concentrated on the desire to give greater power to primary care as the driver of care; to provide support for innovative training with a formative overview; and to enable teaching processes starting from interprofessional education as a field for learning, dialogue, negotiation of meanings and exchange of knowledge and attitudes.

There was a certain prevalence of studies focusing more on the effects of PET-Saúde than on the contributions of Pró-Saúde. Some topics were seen to be strongly biased towards research, without any direct relationship with the broader interests of the program consonant with the inductive policies under examination and resulting from changes in healthcare training processes. Even so, these studies provided support for the informal evaluation of the program, through highlighting vulnerabilities that might be present in the format of public announcements and which tend to be resolved through training evaluations, the tonic that governs in loco visits developed by inspectors from the Ministry of Health.

However, what matters is to avoid underestimating the message present in the very many studies submitted that discuss the feeling that PET-Saúde constitutes a successful educational experience for academics, through expanding knowledge about healthcare and guiding professional interest towards the context of integration between teaching and services, care networks, surveillance and work within SUS. How would it be possible to ignore testimonies that the program induces and produces commitment towards improvement of healthcare services from the perspective of comprehensiveness of care? Or that it promotes certain changes in the micropolicies of the work, with implications for the individuals doing it? Or that it enables practices involving dialogue and problem definition? Or that it helps to transform pedagogical and care practices, through placing value on interprofessional work and exchange of knowledge between disciplines?

What can also be seen through casting an eye over the studies submitted (whether selected or not) is that there is no lack of quality regarding policies or

ethics, from the point of view of registering experiences of efforts to change the scenario of healthcare education at university level. The studies that were not accepted (some because they did not meet the submission requirements established by this journal) were seen to be just as much in tune with the objectives of PET-Saúde and revealed the strong repercussion that this has had on the realities of teaching institutions and healthcare services.

This view of PET-Saúde and its repercussions, even under the condition of just a simple evaluative look-over that was set up informally, allows us to proclaim the high pedagogical and policy value of PET-Saúde and leads us to advocate this as a program capable of accelerating our steps towards a public healthcare system that places value on humanization, comprehensiveness, equity, protagonism among administrators, workers and service users and resolute care for all Brazilians.

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