

The Popular Education's contribution to professional education in health

In the Brazilian educational field, the health sector has been prominent by the amplitude and radicalism of the changes in relation to the pedagogical processes focused on the education of its professionals, both in technical and university education as much as in educational activities for workers of its public policies.

The creation of the Brazilian National Health System (SUS) in 1988 provided an opportunity to a major expansion of primary health care services, whose services are very much interlinked with the dynamics of the community life. This has required new approaches and professional action, as well as it has unveiled, in a more forceful way, pressures and demands of the population that the theoretical tradition and practice of the various health professions were not prepared to answer. Dissatisfactions, demands and insufficiencies about the ways of acting in health in everyday services and territories have created a cultural and political climate conducive to the expansion of many initiatives and proposals for change in education.

The Ministry of Health (MS) has been summoned as no other sector of social policies, to intervene directly in the curricula of university and technical courses, which were guided only by the intervention of the Ministry of Education. In this process, there were incentives for state and local health departments to begin to invest extensively in educational processes, which have been guided by the National Policy of Continuing Education in Health within the SUS.

Both in the higher and technical education, as in educational activities for the care practitioners, there has been wide dissemination of methodological innovations in pedagogical and educational practices, with great appreciation of what is now called, generically, as active and problematizing methodologies. Most often, the educational practices that use this denomination give little value to a critical reading of the concrete reality in which the students are inserted and do not prioritize the debate and explicitness of the interests and political intentions present in the issues discussed. The devaluation of this broader discussion is convenient for certain groups interested in making only operational changes of professional practices, mainly seeking increased technical efficiency to new demands without questioning the contexts, objectives and institutional interests.

Despite the wide diffusion of active and problematizing methodologies, it is still dominant in the concrete educational practices of SUS, a kind of pedagogy centered in an authoritarian dissemination of information and behaviors, undertaken without concerns for an uncritical methodological renewal the kind of pedagogy that Paulo Freire would denominate as "banking education". In it, health professionals and managers see themselves as bearers of truths that need to be inculcated and widespread in the population and subaltern professionals. They are teaching practices that reproduce themselves based in the lack of investment in the critical study of the pedagogical challenges in the health work.

But the debate around the creation of more elaborate actions of continuing education in the SUS is growing, dominated by the view of authors aligned mainly with the Micropolitical Work and Health Care Research. This theoretical and political dominance has generated, most of the times, the notion that there is equivalence between it and the concept of continuing education. Internationally, however, the concept of continuing learning is a playing field for various pedagogical and political currents. The perception of such equivalence exists only in the Brazilian public health.

The renewal movement of higher and technical education through active methodologies and problematizing has happened mainly through the educational concept called Problem-Based Learning (PBL). It is a pedagogical chain focused on more dynamic teaching of knowledge considered important, but at the same time devaluating the critical discussion of the general contexts involved in education and health work.

Until recently, the Popular Education (PE) had been little considered in the conceptual debate on continuing education and curriculum reorientation of undergraduate and technical courses in the health sector. This is due, in part, by the predominance of the notion that the PE is oriented only for educational activities aimed at the popular audience. However, the Popular term does not refer to the public meant to receive the educational practice, but to the ethical assumptions, the political perspective and methodological approaches that guide it. It refers to the enhancement of knowledge and initiatives of students in the educational processes, above all to the collective construction of knowledge, with the explicit commitment to strengthening the role of the people in order to face the inequalities and social exclusion situations towards the construction of a fair, supportive and democratic society.

The PE is a theoretical and practical proposal of conducting the pedagogical processes, consolidated in Latin America as from the 1960s, which was very important for the education of leaders of the political movement that took the lead of the SUS creation process and the struggle for its improvement. It has been guiding numerous practices of health care and actions of social movements that relate to the services, seeking their expansion, its improvement and its daily construction in an integrated manner into the community dynamics in an evaluative mode of knowledge, practices and people priorities in their territorial contexts. Recently it started to also rethink the education of health professionals.

In the national movement of popular educators of health, especially in the Popular Education and Health Network (<http://www.redepopsaude.com.br/>), educational experiences to train doctors and technicians of the health sector have been increasingly disseminated and reflected on, as published in the books: *Educação Popular na Formação Universitária, Perplexidade na Universidade, Vivências de Educação Popular na Atenção Primária à Saúde*¹⁻³ and in several articles, some of them published in *Interface* and more specifically in the special issue about Popular Education in Health⁽⁴⁾.

In universities, extension initiatives conducted by the PE have been strengthened and have formed their own movement, the National Coordination of Popular Extension - ANEPOP (<http://www.extensaopopular.blogspot.com>) with important publications such as: *Extensão Popular, Vivências em Comunidades, Educação Popular na Universidade*⁴⁻⁶. Disciplines of undergraduate courses begin to seek inspiration in the PE to organize themselves.

Built from claims and proposals of the various national movements of Popular Education in Health, through the National Popular Education Committee on Health, the National Policy for Popular Education in Health (PNEPS-SUS), was made official in 2013⁷ and has generated many continuing education initiatives in the SUS, such as the Qualification Program for Popular Education in Health EdpopSUS (<http://www.edpopsus.epsjv.fiocruz.br/>) and the Research and Extension Project VEPOP-SUS: Experiences in Extension in Popular Education and Health in the SUS (www.vepopsus.blogspot.com), whose action is national, with an executive team anchored in UFPB. Through PNEPS-SUS, the MS has also produced publications to strengthen the design of EP in SUS, such as the *Cadernos de Educação Popular em Saúde*. Several Brazilian states are creating

⁽⁴⁾ *Interface* (Botucatu). 2014; 18 Supl 2, available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-32832014000601155&lng=pt&nrm=iso&tling=pt

state committees of PE to encourage health departments to value the PE in its continuing education policies.

But how does the PE contribute to professional education?

To move forward on this issue, the First National Seminar on Popular Education in Health Education was organized in João Pessoa in November 2014 (<http://seminarioepsformacao.blogspot.com.br/>). Since then, the issue has become more emphasized in PE initiatives in health, organizing roundtables, courses, workshops and lectures at various congresses of the Brazilian public health area.

For the PE, the problematization is no longer just a teaching strategy or even a dynamic way to teach, it is a shared research challenge between educators and learners, jointly committed by concrete problems experienced at work and in society. It is not a methodological resource to facilitate the teaching of predefined content but a commitment to the challenges posed by the dynamics of illness and fight for the health of individuals and society in a continuous process of reflection, action, reflection. A problematization open to the new, the not yet thought, and the one that emphasizes authentic dialogue, that is, the one that comes from the recognition by the educator of the limits of their knowledge to the challenges presented by students and by reality. It seeks not only the most intense learning knowledge previously considered as significant, but also the strengthening of the role of students for the education of a participative and democratic society. Democracy is also constructed by the cognitive protagonist role of workers in institutions and citizen. For the PE, the active teaching dynamics begins with the objective to help explain previous knowledge, feelings, perplexities and subtle doubts still poorly prepared, in an appreciation perspective of the knowledge and interests of students and the population, and is not a strategy to make teaching more interesting and lively. It emphasizes not only the dialogue between teacher and student, for it includes the problematization process, the knowledge and demands of the most disadvantaged and with less opportunity of a clear and steady development of their social groups interests and perspectives. The discussions need to seek answers not only internally, among those involved in local professional practice, for they are correlated to the more general political, economic and cultural dynamic aspects of the society that need to be valued.

This conception values the joint construction process of knowledge and health actions, respecting the presence of unpredictable elements of emotion and affection, present in the human encounter that occurs in health care. It opens up to the construction of new ways and care processes by workers from their own initiatives, capabilities and aspirations in an autonomous and in shared way with users. It also includes the possibility of questioning the organizational arrangements of health systems, refusing to be conceived as a technique or technology and neither, aiming to be mandatorily followed as something imposed to health professionals for the efficient functioning of the system.

The improvement of continuing education activities cannot be restricted to the debate of authors, theoretical perspectives and internal experiences of the health sector. This is a debate that goes through the various sectors of public policy and the diverse continents of the planet. It is important to bring to the health sector the experience and the authors of other fields^(b).

In the spaces of debate and reflection that took place during the First National Seminar on Popular Education in Health Education, the reception and explanation of the different views and perspectives for the reorientation of professional education in health were prioritized, rather than merely emphasize the PE concept itself. It opened up an opportunity for presentations of thinkers from

^(b) Accordingly, we emphasize the Pedro Demo, Moacir Gadotti and Licínio Lima, texts available from: <http://unesdoc.unesco.org/images/0024/002446/244672POR.pdf>

other pedagogical traditions, including representatives of government agencies, revealing the insistence of the PE movement to facilitate the critical debate and joint reflection and dialogue on the various ways of changes in professional education in health.

Thus, we believe that the inclusion of the EP movement in health in the debate on professional education is helping to clarify these different theoretical concepts and policies present in the field. This debate is just beginning. The continuity in the implementation of joint reflection spaces among the different, and the systematization of experiences to explain their learning, limits and challenges are fundamental and current steps.

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