

### Professional Master's in Family Health (ProfSaúde): education in the workplace, research and innovation for the development of the Brazilian National Health System (SUS)


Mestrado Profissional em Saúde da Família (ProfSaúde): educação no trabalho, pesquisa e inovação para o desenvolvimento do Sistema Único de Saúde (SUS)

Maestría Profesional en Salud de la Familia (ProfSaúde): educación en el trabajo, investigación e innovación para el desarrollo de Sistema Brasileño de Salud (SUS)

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The call for papers for this thematic issue of *Interface: Comunicação, Saúde, Educação*, volume 24, supplement 1 of 2020, was launched on July 15, 2019, with the aim of disseminating studies produced in the context of the Professional Master's Program in Family Health - PROFSAÚDE. The collection is composed of 21 articles resulting from original studies, essays and a literature review, written collaboratively by 73 authors - students, teachers and researchers - from the five geopolitical regions of Brazil and from almost twenty institutions.

When the call for papers was launched, we had no idea of the changes we would be experiencing now because of COVID-19 in our country and in the world. The pandemic has exposed the restrictions and limitations of Brazil's public health infrastructure and has

increased awareness of the importance of the Brazilian National Health System (SUS) and of Primary Care to meet the population's needs of healthcare, prevention and protection with equity<sup>1</sup>.

Independently of the serious meanings of the pandemic, the themes approached in this supplement remain relevant and challenge the daily routine of primary care and of the Family Health Strategy (known in Brazil by the acronym ESF), in a context of reduction in funding, decrease in vaccination coverage, contamination of health professionals by the new coronavirus, difficulties in permanent education and training of professionals, and constant social and economic erosion<sup>2</sup>.

The collection begins with the article authored by Guilam *et al.*<sup>3</sup>, "Professional Master's in Family Health (ProfSaúde): An educational experience in the network", which records the Program's historical trajectory, the characteristics of the national network of participant institutions, the pedagogical conception, and the operational development of the proposal, carried out through distance education. Profsaúde is a bold and original initiative that has constituted a national network for the education of teachers and preceptors to the area of Family Health, a historical deficit of SUS and of undergraduate and postgraduate courses in the health area. The experience can subsidize other proposals targeted at professional education.

The article by Aguiar *et al.*<sup>4</sup> about patient safety in primary care in the city of Manaus, Northern Brazil, approaches a relevant problem that challenges the quality of care in this level of assistance. Tackling it requires educational actions for professionals and users, and demands situating the theme among the priorities of permanent education and professional training programs.

Cardoso Junior and Sousa<sup>5</sup> evaluated the academic supervision of the More Doctors Program in the city of Paraíba, Northeastern Brazil, according to the perception of the supervised professionals. The study showed that foreign doctors had a superior performance in postgraduate education and work experience compared to Brazilians. The supervision was considered positive, especially due to the support provided for clinical decisions, which indicates the relevance of permanent education and of the technical monitoring of professional practice to qualify primary care.

Maranhão *et al.*<sup>6</sup> examined the scope of practice of ESF doctors and its relations to education and degrees in the area of Family and Community Medicine (FCM). The authors identified a more comprehensive scope of practices in professionals who studied abroad and whose residency was in FCM. The results highlight challenges for the professional education of doctors in Brazil.

Costa *et al.*<sup>7</sup> assessed the quality of primary care services according to the perception of users and professionals in a municipality of Maranhão, Northeastern Brazil. By means of the Primary Care Assessment Tool, the authors revealed a contrast in the perception of essential and derived attributes, with professionals considering them satisfactory and users, unsatisfactory. Difficulties in first-contact access was the attribute that received the worst evaluation by both groups of participants, placing the problem among the priorities of the primary care services reorganization and of professionals' qualification.



Dias and Junqueira<sup>8</sup> characterized the actions of primary care professionals in the Glucose Self-monitoring Program, in a dialog with users. Discussions about ways of life and treatment resulted in the development of a handbook to meet the health needs of insulin users. The article highlights the connection between professional guidance and health education of users as a strategy to strengthen self-care.

Comprehensive care for adolescents in the level of primary care was the object of an integrative review developed by Silva and Engstrom<sup>9</sup>. The authors highlighted difficulties and stigmas in care provision, fragility of bonds and fragmentation of practices, arguing that facing these problems requires a new approach that values the adolescents' participation. Comprehensive care challenges primary care, especially with regard to adolescents, a neglected population group in traditional programmatic actions, like sexually transmitted diseases and reproductive health, requiring the contribution of permanent education and professional training programs to be effectively implemented.

Coutinho and Tomasi<sup>10</sup> studied self-care deficit in older adults serviced by an ESF team and found an association with multimorbidity, poor health self-perception, inadequate food intake, low level of schooling, inactivity, and dependence on others for the basic activities of daily living. The article strengthens the role of healthcare teams in promoting self-care and improving the assistance provided for the elderly in ESF. The self-care theme is central to the reorganization of the working process in primary care, in a context of increase in chronic health conditions and multimorbidity, demanding the qualification of health professionals and programs for the health education of users.

Filipak *et al.*<sup>11</sup> described the social and healthcare challenges of recycling workers. The authors reflect on the daily routine, the occupational risks and the relationship with the health services of a category of workers who searches for social dignity but faces precarization and vulnerability. Primary care's response capacity to the health demands of informal workers requires intersectoral actions, especially concerning social protection and assistance and the qualification of health professionals.

Schafrowitz and Souza<sup>12</sup> analyzed adult users of twelve Primary Care Units (UBS) of a large municipality who went to an Emergency Care Unit (UPA) and were classified as non-urgent risk. Medical consultations were associated with the number of individuals enrolled in each UBS, female sex and times when the UBSs were closed, leading to challenges in the organization of primary care. Strengthening the bond between users and primary care services depends on investments that are able to reduce the number of people per team, extend the working hours of the units, and promote professional qualification, in order to increase the efficiency of the offered actions.

The elucidation of obstacles in the provision of mental healthcare is fundamental to improve the primary care services. Pereira *et al.*<sup>13</sup> identified the relevance of permanent education to tackle difficulties mentioned by health professionals related to the rendering of care for users with mental suffering. To guarantee the provision of comprehensive care, permanent education programs need to qualify primary care professionals so that they can deal with the mental health demand, adapting the working processes to the particularities of the problem, designing strategies to monitor it, and establishing an interlocution with other services.



Feichas *et al.*<sup>14</sup> reported on the dialog established between professionals of an ESF team in Manaus, Northern Brazil, and traditional caregivers. The research enabled the interaction with users and popular caregivers in an attempt to overcome prejudices that hindered intercultural dialog and a collaborative relationship in the provision of care for people in the territory. The quality of the care provided in ESF depends on the teams' cultural competence and on the importance given to popular knowledge and practices in Brazil's diverse social contexts. Therefore, this attribute of primary care needs to be emphasized in professional training and permanent education processes.

Tomaz *et al.*<sup>15</sup> identified high levels of burnout in ESF professionals, moderate scores in the factors that compose resilience, and low efficiency in the use of strategies to combat stressors. The study warns of the need to face the challenges related to ESF workers' health, including emotional support to professionals and the organization of a network to assist them in their daily work. The theme also needs to be included in the professionals' permanent education strategies, approaching the occupational risks that derive from taking care of people with physical and mental suffering, together with strategies to increase control and use creativity in the exercise of their activities.

Quaternary prevention has emerged as an innovative concept, proposing alternatives to prevent iatrogenic events and optimize healthcare costs. According to Depallens *et al.*<sup>16</sup>, quaternary prevention can be a significant force to improve medical education and become a strategic element in the remodeling of health practices. The application of the principles and competencies related to quaternary prevention can qualify programs of permanent education and professional training in primary care, with the objective of improving services' performance and effectiveness.

Rotta and Nascimento<sup>17</sup> characterized medicine students' motivational aspects for working in ESF and the inductive strategies of the Political-Pedagogical Project of two Medicine programs. The students identified ESF as an opportunity of temporary work with a captivating ideology, but the action of extrinsic motivational forces makes them choose other areas for their medical career. The authors recommend to value students' intrinsic motivational potential and to develop strategies in professional education to break barriers that prevent the choice of ESF.

Malta *et al.*<sup>18</sup> analyzed the practices of Primary Care doctors and nurses in the assistance provided for older adults with dementia, in cities located in the north of the State of Minas Gerais. The authors found an incipient practice in the care for older adults with dementia in the studied services. Part of a broader problem, its incorporation in the daily routine of primary care shows that it is necessary to develop educational strategies that strengthen elderly care, in a context of increased longevity and occurrence of multiple chronic health conditions, including dementia.

Almeida *et al.*<sup>19</sup> studied care regulation processes based on actions for the early detection of breast cancer in a regional perspective. They identified a multiplicity of regulatory systems, under state, municipal and regional management. The implementation of the Cancer Information System has not happened, hindering the monitoring of actions and the coordination of care. Despite municipal efforts, atomized and parallel actions remain, without the action of the state manager in the coordination and articulation of the regionalized networks.



Experiences of access reorganization to promote the utilization of the health services in a rational and inclusive way have multiplied in the sphere of ESF. Camargo and Castanheira<sup>20</sup> studied the implementation of “Team Embrace” and concluded that the initiative was produced by the ESF workers’ protagonism. The reduction in the waiting time for medical appointments and the greater satisfaction of the individuals involved indicate Team Embrace as a positive experience of access amplification, one of the greatest challenges of SUS. Professionals’ qualification so that all team members can perform the embracement will contribute to improve the ESF response to users’ demands.

Esperandio *et al.*<sup>21</sup> aimed to understand the experience of women who were victims of intimate partner violence in the context of the assistance provided in the primary care level of the city of Rio de Janeiro. The study found that the women had difficulties to open up about intimate partner violence and primary care had difficulties to tackle the problem. The creation of groups for empathetic listening and formation of bonds with health professionals was proposed, as well as the qualification of the primary care network. Other proposals were the reinforcement of the role of Community Health Agents and of the attributes of primary care to handle these situations.

Wander *et al.*<sup>22</sup> evaluated interaction in discussion forums in the context of preceptorship specialization in Family and Community Medicine (FCM), in the distance education modality. The results show that autonomy in the tutor’s action - for example, when they propose changes of topic - affects participation and the construction of enunciation chains, which contribute to students’ perception of the quality of the interaction and interactivity. The article shows the relevance of the educators’ profile to the training of preceptors in FCM.

Oliveira *et al.*<sup>23</sup> report on prisoners’ difficulties to have access to basic healthcare and disease prevention in two police stations - one with male population and the other with female prisoners - in the city of Curitiba, Southern Brazil. Structural and procedural aspects interfered in the access to diagnostic and therapeutic procedures, requiring the formulation of strategies to receive this population in primary care.

By approaching a great diversity of themes, the collection of articles reveals deficits and, above all, potentialities of the Brazilian primary care, in view of the historical challenges faced by SUS and of the problems that have emerged with COVID-19. It is possible to see converging points throughout the reading of the articles, mainly the relevance of permanent education and professional training to tackle the challenges of primary care and to improve the services’ response to users’ demands and to the population’s health needs. Teamwork, reorganization of the services and of the working process in the Family Health Strategy also connect a large part of the supplement’s articles.

We hope that the articles bring new perspectives to the issues of professional practice and education and inspire readers to investigate new paths to improve ESF. This inspiration can create new options in the crossroads at which we are now.

In short, we are pleased and honored to offer the present supplement to public scrutiny - the result of the successful cooperation between ProfSaúde and the journal *Interface*.

We hope you enjoy the reading!

## Authors' contributions

All the authors participated actively in all the stages of the preparation of the manuscript.

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