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Teaching-service integration and its interface in the context of reorienting health education

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This qualitative research case study aims to describe how the subjects participants in the intersectoral instances of the ProSaude Program developed in Chapecó/ SC, perceive the interplay teachingservice, in the contexts of the program managerial structures and in the daily actions, evidencing the interfaces in the reorientation of health education. Information was collected through direct observation of meetings of intersectoral instances: Local Steering Committee and General Coordination Committee and through interviews with 11 members of the so-called Quadrilateral for Education in Health of these instances, between 2012-2013. The treatment of information was based on the operational proposal for the analysis of qualitative data. The results show that this management approach and the Program follow-up, together with the developed actions have been consolidating the partnership between the teaching institution and the health service through dialogue, negotiation, respecting the differences and alterity.
Keywords: Staff development. Brazilian National Health System. Higher education policy. Health management. Teaching care integration services.

Introduction

Among the different services encompassed by the Healthcare Networks (HCN) in Brazil, in spite of the initiatives for synergy between the Ministry of Health and the Ministry of Education, it is still usual to have a gap separating the "teaching world" and the " labor world"[1]. This dichotomy is usually due to the fact that both managers and practitioners define their priorities not considering the availability of the Higher Education Institutions (HEI) that give the courses in health topics, without listening to the students or the social participation and control stakeholders, and not infrequently the universities program their activities with demands alienated from the true needs of services.

To have an effective change in the training of health professionals implies transforming the anti-democratic and divisive practices that are still hegemonic in the formal process of teaching and healthcare, using conceptions that aim to incorporate comprehensiveness principles in their diverse directions: personal/professional, services organization and the development of policies and programs in this direction, trying to ensure the building of comprehensive care pathways based on users' needs[2,3].

In the last decade the Ministries placed their bets towards inter-ministerial structural actions for health and education, as mechanisms to promote the shifts in direction of the health training. Among these actions the National Program for Re-orientation of Professional Training in Health (*Pro-Saude*), launched in 2005, aims to foster the process of training, knowledge creation and health service delivery, to mobilize a shift in the stance of the stakeholders that compose the so-called 'Quadrilateral for Training in Health'[4], in order to assume a comprehensive approach to care in the illness-wellness process[5]. Within these prerogatives, the *Pro-Saude* is based upon the proposal of reciprocal engagement of HEI – "teaching world", and service institution – "labor world" – oriented towards the development of articulated activities, coherent with local realities, and observing the guidelines of the Brazilian National Health System as well as the National Curricular Guidelines (NCG) for health[5,6].

The theoretical foundations for these strategies are linked to the educational process that aims to social transformation, and is supported by the relationship between contents and reality, meaning that the integration teaching-healthcare is only feasible through the analysis of the true conditions of the subjects, their historical and social context[7-9]. In this perspective the pedagogic space is not limited to the classroom, but integrates the experience of the world of labor, in its different practice settings, loaded with learning events but needing to be reconstructed in a pedagogic fashion according to the creative and critical interplay of the subjects involved in the process[10].

Thus, the reciprocal involvement of the teaching and service sectors, aiming to build joint proposals for training and professional development in health, facilitates the theory-practice integration and serves to the purpose of reflective and transformative action, also known as *praxis*[8,10]. From these postulates the problem-raising education can be constructed as a permanent effort to make the subjects to perceive themselves in the world in a critical fashion, searching for more adequate solutions and committing themselves to solve problems[7-9].

Local Steering and Follow-up Committees were commissioned to follow up, monitor and evaluate the projects that were part of *Pro-Saude* in the territory of reference of the proposal. Those Committees should be composed by the project coordinator and representatives of: the Municipal Health Manager, the Municipal Health Council (MHC), the health practitioners, the teachers and the students of the courses involved in the program[5]. This arrangement is based on the presupposition that the inter-sectorial spaces may foster integrative actions among teaching and services, as long as democratic, dialogic and participative dynamics may theoretically develop and may be oriented towards to planning activities that are articulate and coherent with local realities.

The integrated proposal of *Pro-Saude*, jointly made by the Community University of Chapeco Region (Unochapeco), the Municipal Health Secretary (SMS) and the Regional Health Management (GERSA) of Chapeco, a county in the West of the State of Santa Catarina (SC), has the purpose of consolidating the commitment to promote changes in the professional training and in the processes for Permanent Education in Health (PEH) focused in the local-regional context. The training reorientation process is tracked by the Local Steering Committee (LSC) and a General Coordination Committee that are dialogic spaces for the representatives of both structures, aiming to the follow up and improvement of the proposal.

The studies that analyze *Pro-Saude*[11,12] show the multiplicity of challenges that hamper the consolidation of the proposal as a mean to reorient the teaching process, using as a starting point the real world and the service practice, making necessary the interest and the co-responsibility of all stakeholders (HEI, teachers and students, practitioners, managers and users). As the instance of articulation among them is established, there is a chance of minimizing the roadblocks that will eventually appear in the operationalization process[11,12].

The present study has the objective to analyze how the subjects that are part of the inter-sectorial spaces of *Pro-Saude* in the municipality of Chapeco/SC perceive the teaching-service integration in the spheres of the program management structures and in the daily activities, marking the interface in the reorientation of training in health.

Methods

This is a Case Study[13], including several instances that are composed by representatives of the groups: management, healthcare, teaching and social participation and control, that together form the so-called "Quadrilateral of Teaching in the SUS"[14]. The Local Steering Committee (LSC) of *Pro-Saude* is composed by 16 full members, representing the four segments, as follows: Local Coordination (teaching); representatives of the management team of the HEI, of the Faculty, of the Municipal Health Secretariat, of the Municipal Health Council, of the students, of the Regional Teaching-Service Integration Committee (TSIC), of the GERSA and practitioners of the Education Through Work Program (*PET-Saude*). The other space is the General Coordinating Committee (GCC) that has 23 full members representing the HEI management team of the participating undergraduate courses; of the Municipal Health Secretariat, of the Chapeco GERSA and of the regional TSIC.

Those spaces gather together in monthly assemblies mainly in Unochapeco, creating planning instances where the full members may track the developments of the proposal. These meetings allow to showcase hindrances, to reveal opportunities, to make decisions and to define the path forward of *Pro-Saude* and also recently, about *PET-Saude.*

The collection and record of information for this research was done through focused interviews[13], direct observation and document analysis, between October 2012 and February 2013.

The study collected information from 25 subjects, initially identified in the data collection as participating in the forums, as well as those that participated in the observation moments during the meetings. The interviewees were intentionally chosen by the researcher in the number of 11: five were members of the LSC, three of the GCC and three participants that were part of both, representing the different segments. The interviews were recorded and transcribed entirely. The criteria used were the data saturation, reached when a certain pattern of the discourses expressed the sufficiency of information for the purposes of the study[14].

As inclusion criteria, the participants needed to have been present in one of the inter-sectorial instances that are related to *Pro-Saude* management and to represent one of the four segments in the period from 2006 to 2012. Those that did not fit in the precedent criteria or that were retired or on leave (for medical reasons, annual leave or other) during the period of data collection were excluded from the group selected for interviews. Participants are mainly women, from different health training backgrounds, and had participated on average for two and a half years in these instances.

Additionally, six observation moments were performed during the meetings of the groups, and were duly recorded in the Field Diary. This pre-prepared observation instrument had: Descriptive Observation Notes (DON), recording relevant aspects of organization, planning and

dynamics of the meetings; and Reflexive Observation Notes (RON) encompassing processes of dialog, participation, conflicts and other observations of the interviewer.

Data were analyzed through an operational proposal for qualitative data[14], and from their processing three categories were defined: a) Integration of Teaching and Service: a "marriage" of different lores; b) Integration of Teaching and Service: the action happens at the frontline; and c) Integration Teaching and Service: acknowledging and respecting the timing and space of each part. The theoretical foundation used for the discussion was the framework proposed by the educator and social scientist Paulo Freire.

It is worth to note among the ethical aspects, the consent of the stakeholders and the approval of the Ethics Committee for Research on Human Beings of the Federal University of Santa Catarina, number 242.966/2012, following the criteria of Resolution 466/12. The objectives of the study were presented to the participants, then asking for the signature of their voluntary acceptance to participate through a Free and Informed Consent Form. To ensure anonymity, participants were identified by an alias taken form classic literature stories and using a letter to identify the segment represented: management –G, Healthcare – A, Social participation and control- CS and Teaching – E)

Presentation and discussion of results

From the qualitative analysis of the data, results are grouped in the following categories:

a) Integration of Teaching and Service: a "marriage" of different lores

The idea of authentic learning as the practice of freedom and respect for autonomy implies the critical conscience of the world, through perception and reflection on the various ways of seeing and understanding reality, the different kinds of knowledge and also of the value of each individual. As this movement progresses, men and women gain perception of themselves as social beings and acquire conscience of their role in the world, by means of transforming it through live praxis[7–9]. By understanding their condition as unfinished beings, humans become ethical and get to understand that " men educate among themselves, mediated by the world"[9] (p. 95).

Based in this set of ideas, the approach between teaching and service, leveraged by the integrated proposal of *Pro-Saude* launched a reflection about the healthcare practices, provoking the wish to transform them, through possible "different ways to act", through the insertion of the academic aspects in the practice world and of the practitioner in the educational world. The following speech shows that interaction:

> "[…][the teaching-service integration is a reflective practice, it is the moment when you look to what is being done, how and why is being done in that particular way and which are the chances for you to make different, but with a positive impact![…] the academia pulls the reflective mood and the practitioner pauses a little bit to think how is she going to act" (Bibiana-G).

Men and women as social and historical beings are enmeshed in a network of relations based in an historical context. Their day-to-day is thus socially and historically conditioned and this fact influences the vision that they have of their own practical activities[7,9]. In this way, allowing the juxtaposition of the teaching and labor worlds, individuals are opened to different possibilities, able to look though other prisms. They perceive the integration teaching-service as an encounter between the teaching and the healthcare institution, a "marriage of specific lores" during which dialog will be necessary to arrive to consensus to make decisions. This fact allows for a "live process" of growth, of mutual acknowledgement of peers and co-participation in the actions needed to achieve that goal, as can be seen in the following statements:

> " The Steering Committee allows this important encounter of health services and university […]"(Guiomar-E).

> "[…] a debate […] sitting at the table with different people, it ends up being a huge factor in the teaching-service relationship" (Heathcliff-E)

> "[…] is a marriage of specific lores. It is, as in a metaphor, when a dad and a mom are rearing a child, the student. Mom has her baggage and Dad has his own, so they need to talk about that and they "make" their child! In a more psychoanalytical mindset if dad says something and mom says otherwise, the child is in trouble. If dad and mom are in the same page, the child is more healthy!"(Emma-A).

It is thus taken for granted the comprehension of the subjects referring to the teaching-service integration as a commitment with transformation, through raising questions about reality, as a path towards liberation and utopia, understood as a possibility done and re-done through the exercise of dialog as an ethical imperative allowing every person to feel as subjects of their own thinking, and debating with the other their vision of the world[7-9].

"Co-laborating", as a relevant part of dialogic action, happens necessarily among subjects, even when they perform different functions, as their responsibility may only be achieved through mutual communication. In this way, there is no place in dialogic theory, for vertical relationships, only encounters between subjects to name and transform the world[8-9].

In this context, the relationships that try to get it right, are geared towards meeting the other party, and theory and practice integration happens in dialogic spaces looking for being in sync, that may be represented as " worlds in transformation": the world of labor in health and the world of education in health [1]. Whenever these worlds intersect, they transmute in something new, as an image of the aim in which the dialog among other realities may be instituted, thus originating new facts. These relationships may be creative and "fecund"[15] whenever they allow the free movement of individuals through their different viewpoints.

b) Integration of Teaching and Service: the action happens at the frontline

The teaching-service integration "happens at the frontline" as the daily activity of *Pro-Saude* implies the relationship student-practitioner-healthcare user in a mutual beneficial movement. The student has training in the context of reality, the practitioner has the chance to update her knowledge and the community may have a more differentiated healthcare. The encounter of the subjects during committee meetings promotes integration through protagonist roles and dialogic relations happening at the managerial level, but that then appear in the daily practice of teaching or healthcare as may be expressed in the following speech:

> "It is quite positive in the sense of the student getting to know how the health public service really is and how to intervene, the health practitioner may access to updates because when the student is there, he makes the practitioner to look for information […] And it has outcomes for the users, whenever they may be brought into the discussion, […] they [the other segments] realize that users have a voice and needs […] In the frontline happens the integration of students with practitioners, the Unichapeco going towards the health units, the units approaching the University! (Mr.Darcy-C).

It is perceptible the relativity of the teaching-service integration, that can be seen in the sphere of the care practices where the student is present in the service and allowing the practitioner to be in contact with the academia. This perception helps in the reflection about the circumstance of effective interchange relationships among students, teachers, users and practitioners in healthcare settings, happening in a large proportion due to the articulate action of the management in this process. This movement materializes in the "frontline" but is a consequence of reaching-out processes and agreements originated at the grassroots of the sectors.

When considering the legal frameworks, both sectors –health and education- are committed with the training in this area in an articulated way, aiming to foster the technical collaboration between the respective Ministries and submitting the main decisions to popular

participation following the rationale of comprehensiveness of healthcare[6,16]. Within this background, the community element presupposes the idea of the social responsibility of education, that needs to be open to interference by the evaluating system, the public regulation, and the opportunities for change that social participation and control allows. In the teaching component, besides acknowledging the roles of leaders and teachers, there is a need to remark the synergy with the students' movement as a political factor in the teaching institutions[16].

The speeches of the interviewees are also useful to perceive the role of management in fostering the comprehension and acceptance of the community and health workers though dialog with management about *Pro-Saude* initiatives, as a lever for change, especially when taking into account the resistance of communities to interventions carried out by students.

> "[...] if councilmembers accept this in a good way, the community will follow suit, because there is an issue of resistance of the community in accepting services from projects involving students" (Alice-C).

> "[...] if management does not work together with thee workers' initiatives, making alliances and trying to change and listen to the request for changes, things will not happen!"(Bibiana-G).

On the other hand of this point of view that react to the presence of the students in health services, the participants in the study also pointed out benefits of the activity of students as a bonus when taking care of users or as a mechanism for permanent education of practitioners.

> "Users are not scared to see students, because they know that students are there to give something different from what the worker usually is able to give, They take this as a bonus" (Bibiana-G).

This again points to facets of the involvement among subjects during the day-by-day process of care, with reciprocal influences. The team participation in the relationships between university and health services in regard to the collective reflection of the work process, determines the effectiveness in the students' training and also in the permanent education of practitioners in the local area.

Coherent with those statements, education presents itself as a joint process, a permanent and daily movement that allows to act and reflect, thus transforming reality. The importance of the critical reflection on the practice for the learning process impacts in the conscientization and the subsequent commitment to transformation[8]. The health practitioners,

in this perspective, need to stay in permanent state of learning and see themselves as subjects of the educational process, geared towards the reflection around the healthcare practices and the desired transformation and qualification[4].

During the meetings of the inter-sectorial spaces, the observation notes confirm the statements of the subjects interviewed. When questioned by the local coordinator of the *Pro-Saude* about their perceptions referent to the teaching-service integration, the segment representatives declare:

> "[...] it is an necessary invasion of the of the teaching institution in the service" (DON Representative of segment G).

> "The Pro and PET-Saude are levers to act as links between the teaching process, the health service and the community" (DON Representative of segment A)

From the arguments that set apart the teaching-service integration as a indispensable factor to guarantee developments of the training in health, it is possible to look at the *Pro-Saude* as a launcher of a connection that established itself in that "necessary invasion" of the university inside the service as a critical and financial element that is important for its improvement.

> "[...] when Pro-Saude arrived it seemed that the Health Secretariat had been invaded by the university, but it was a necessary invasion but it was exactly where the external criticism existed" (Bibiana-G).

> "[...] the elements, including the financial ones, of the inter-ministerial mechanisms are benefitting the service" (DON Representative of the segment E).

The inter-ministerial structuring actions and specially the *Pro-Saude* are designed as linkage levers among sectors and are strengthened by the likelihood of reflection upon action, as a main contribution of said partnership. The Permanent Education of practitioners and the care given to health service needs are also strong points of this encounter. In the health service, hindrances seem to be mainly related to the opposition of the population to the students' participation in services, and to the lack of incentives/value of the insertion of the practitioner in the process. In both cases, the relations among the subjects taking part in the process, especially in the managerial level, are key to consolidate the partnership in the frontline of the practice setting.

c) Integration Teaching and Service: acknowledging and respecting the timing and space of each part.

Thinking in the university as the "knowledge locus" and the health service as the "practice locus" the study participants visualize their perceptions as related to the clashes that by necessity happen when these two spaces approach. Relations that are supposed to be fecund and creative need to be founded in the alterity, conceptually conceived as the possibility of being in other person's shoes, of dialog without excluding the creativity of the other[7]. It is based in the belief that to be in the world makes men and women relational beings, that may relate, reach out and project themselves in the other, trascending[8]. Is in this perspective that the teaching-service relation should consolidate. Without practice, theory is just verbalism in the same way that without theory, practice is nothing more than activism. Therefore, when theory and practice march together, the result is *praxis*, activity that is creative and can transform reality[9].

Insertion of students and teachers in health services has consequences for the practitioners, even though not all workers agree upon sharing their space with the academia.

> "[...] sometimes is a mess, and not every practitioner accept to share her space with the academia because of the permanent concern: they are checking on me, observing what I do, there is a concern relative to criticism" (Bibiana-G).

The representative of the management segment states that the practitioners need to spend time giving attention to the students and that they need to be prepared for that fact. From this point of view the practitioners do not feel included in the teaching-learning process. On the other hand, students feel that practitioners ignore their presence.

> "[...] the whole lot of information, a relaxed time of the practitioner to give attention to the student, the daily routine [...] there is the need to prepare the practitioners to embrace the students, they feel that is just mandatory, period. [...] So perhaps they do not feel as an actor with a presence in the sense that they are going to contribute with the students' education [...] " (Anna Karenina-G)

When theory and practice clash with each other in the relation between the work and educational worlds, there is a presumed roadblock in articulating the theoretical presupposition to the reality of health services[1]. Those challenges in the conceptual mindsets of the individuals carrying out the management of *Pro-Saude* may be linked to the apprehension of practitioners

regarding the criticism and lack of training, and the sensitization during convivial, but especially related to the different "*tempo*" of each: teaching and service.

It deals with the *tempo* of each individual that implies the effective teaching-service integration as a reflexive *locus* about reality of the productive process of healthcare and about the need of transforming the present care model, considering comprehensiveness of care[2,4]. The clear-cut differences between the tempo of services and the tempo of academia are linked to work processes that are specific of the purpose of each space, being it training or healthcare production, thus expressing the need of understanding the SUS as a school environment[4].

Moreover, all participants seem to be convinced of the need to acknowledge, comprehend and make trade-offs about their differences, always pointing to changes towards a model that takes users' needs as priority. In the end all changes demand time and there is always resistance to be overcome:

> […] the students have more time to deliver care, because they are here for a job, a rite of passage. […] Theory is quite different from practice, and I am aware that is difficult for teachers or researchers to operationalize in the same rhythm that we use on a daily basis, even because usually the teacher is not on the job!" (Bibiana-G)

> "The timing needed for understanding the proposal is different in each case. The excess of demands from Pro-Saude is an inconvenient. There is a need of flexibility to make the manager understand the importance of this synergy" (DON -representative of segment G)

In agreement with the statements of the managers, the representative of social participation and control thinks that the teaching establishment finds difficult to share projects with the health services, and that is due to the bottlenecks in the communication among them. The representative of teachers considers the need of balancing the different viewpoints. The representative of practitioners sees the university as a specific place for knowledge and does not value the health service as an element that can aggregate knowledge, at the same time criticizing that still there is no integration of the different settings.

> " I think that integration should be real integration! The work and the project now ongoing through PET, for instance, should have the workers writing, building together and showing results afterwards" (Bibiana-G)

Management insists in stating that the criticism from the HEI about health services, their lack of commitment and involvement are caused by the scarcity of time in healthcare that that

does not allow for reflection, writing and disseminating their work and additionally in the lack of feedback received from the academic activities performed in practice settings.

> […] teachers are well equipped, they have a whole project, meanwhile, when they take it to practice, a lot of difficulties arise." (Alice – CS).

> […] the university, being as it is the representative of knowledge, put things on the table in this way: look, I will use you, because I am the one who knows […] I think that the practical area is able to add more elements, may open more debates" (Emma-A)

> " They [universities] do their job and don't give feedback, even if they do, scarcely this feedback acknowledges the good things that we do, because it can always change, right? The university work is composed of criticism to change or to affirm that what is being done is not enough. Even when the team is doing great things, they don't have the time to write about it, to prepare a poster or an article" (Bibiana-G)

Conflicts related to this clash between the educational and labor worlds are not new. It is common to find teachers that involve themselves vehemently in research activities and leave behind the healthcare practice. On the other hand, workers are usually more involved in routine activities of their jobs and forget keep up with the need of permanent education, gradually turning into non-updated practititoners[11,17]. Some complaints refer to the fact that the university exploits the health service not taking into account the local needs and the workers that toil there. This criticism is even more expanded when is combined with the perception that the academic objectives are pre-defined and cannot drift apart from the previously established structures. There is also criticism related to the possibility of users to refuse the students presence and that students may represent a risk for the user, and also criticism related to the difference between the dialectic of the organization of services focused in productivity and technical-operational procedures, and the dialectic of the training institution that is centered in production of theoretical and methodological knowledge. This clash of proposals confirm the fact that the theoretical discourse that is needed for the critical reflection, needs to be so concrete that may be blended with the practice[8].

In this relationship, dialog is the key element among the different shapes of knowledge, as an integrating axis and a promoter of the alterity and transcendence of subjects in the work process[8,9]. There is a need to understand the cultural and power ties that permeate the labor and educational worlds far from the reach of the individual. To circumvent these clashes, the experience of reality must be mediated by a research attitude, not a passive or contemplative stance of teachers[10].

Final considerations

Representatives of education, healthcare, management and social participation and control understand the teaching-service integration as a marriage of specific lores, where dialog and respect for differences based on alterity and directed towards trade-offs are the key elements. In that road, respect for the timing and the space of each social subject is needed, to achieve the integration between work and education.

The process that Unichapeco and partners experienced shows a certain "invasion" from the university into the health service, that is gradually more and more needed, it is a marriage of knowledge that is consolidated in the day-by-day of each of those two worlds. This integration seems to happen in the frontline at the practice settings, but it is probably a consequence of the effectiveness in the joint management of the process. The agreements that are built in the organizational bases of the educational and health sectors launch an approach movement that is materialized in the frontline.

The participants in the boards of management seem to understand the *Pro-Saude* as a lever to reorient the training in health, thus being supported as an inter-ministerial political strategy. The inter-sectorial boards may be instrumental to guarantee the institutionalization of those teaching-service integration processes, even when it is perceived the need of a cultural change of the stakeholders of the SUS, in order to be considered a school environment, so as to structure their action on the axis of comprehensiveness and to search for effectively integrate teaching and service.

The relationship between the labor and educational worlds in health is gradually consolidating on the basis of the different but not necessarily antagonist interests. The essential articulation among them demands for overcoming the conflicts based in emancipatory and political movements, oriented towards transformation. The level of involvement of the different subjects involved in the Quadrilateral as part of the management of *Pro-Saude* are key for establishing beneficial relationships in the teaching-service integration, that may help to break the barriers between the spaces of each stakeholder in the Quadrilateral, aiming to build effective care networks, where all the involved parts are committed and participate in care pathways interconnected with the processes of care, management and education.

Collaborators

Carine Vendruscolo: manuscript preparation, discussion of the results with the other authors, revision and approval of the final version. Fabiane Ferraz: manuscript preparation, discussion of the results with the other authors, revision and approval of the final version. Marta Lenise do Prado: discussion of the results with the other authors, revision and approval of the final version. Maria Elisabeth Kleba: discussion of the

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