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ORIGINAL ARTICLE

UNDERSTANDINGS, PEDAGOGICAL ASSUMPTIONS AND EXPERIENCES OF PERMANENT EDUCATION IN HEALTH IN THE STATE OF PARANÁ-BRAZIL

Rosa Maria Rodrigues[1], Ana Cristina de Moraes[2], Gilson Fernandes da Silva[3]

Highlights:
(1) Distance learning marks Permanent Education in Health.
(2) Exclusively distance learning courses go against the precepts of Permanent Education in Health.
(3) The School of Public Health stands out in offering in-person courses.

ABSTRACT

Permanent education suggests the continuous acquisition of knowledge in the context of professionals' work and based on their prior knowledge. This study aims to explore how permanent education in health (PEH) has been implemented in the State of Paraná, from the perspective of professionals working in regional health departments. This is a descriptive study with a qualitative approach, in which 23 professionals involved with PEH participated, interviewed online between July and September 2021. The interviews were subjected to thematic content analysis, so that the following themes emerged: understanding of what permanent health education is; the pedagogical assumptions of permanent health education; experiences with Unified Health System Open University (SUS-OU) Development Support Program of Unified Health System (UHS – DSP); and obstacles faced in carrying out permanent health education. It concluded that the experience of professionals who work with EPS in the state takes place on two fronts, one being a distance learning experience, which has the UHS-OU platform as a study environment, in which professionals seek qualification titles in various areas, and the other that focuses on the actions developed by the Paraná School of Public Health, together with the regional health departments and municipalities, so that there are challenges to be overcome in order to affirm the policy in the state.

Keywords: health education; permanent health education; continuing education; active learning.

[1] Universidade Estadual do Oeste do Paraná (Unioeste). Cascavel/PR, Brasil. https://orcid.org/0000-0002-7047-037X

[2] Universidade Estadual do Oeste do Paraná (Unioeste). Cascavel/PR, Brasil. https://orcid.org/0000-0001-8344-9345

[3] Universidade Estadual do Oeste do Paraná (Unioeste). Cascavel/PR, Brasil. Secretaria Municipal de Saúde de Cascavel. Cascavel/PR, Brasil. https://orcid.org/0000-0001-9107-2656

INTRODUCTION

Permanent Education in Health (PEH) takes into account the daily work routine for the acquisition of new knowledge and resolution of problems faced at the work environment in order to overcome the offer of verticalized courses decided at the central levels of work management of the Unified Health System (UHS). The new strategies supported by the methodologies of learning to learn, lifelong learning, meaningful learning, especially in problem-solving, invite professionals to actively participate in the educational process, since the focus is on adults education[1-2].

Permanent Education in Health, as a result of the National Policy for Permanent Health Education, aims to act on health demands and implement learning processes that enhance professional performance, achieving changes in health work practices and processes, since initiatives in the area still echo vertical training models[3], which do not contribute to strengthening the UHS.

In Brazil the structuring of PEH as a government policy was carried out in 2004, with the approval of the National Policy for Permanent Education in Health (NPPEH) by the Ministry of Health (MH), revised by Ordinance 1996/2007[4]. The Secretariat for Management of Work and Education in Health (SMWEH) was created in 2003 and has worked diligently to formulate and implement the policy, since the intention was, through the ongoing training inherent to it, to provide visibility to the daily training processes that are not considered as learning moments. To this end, it is necessary to value meetings, listening and ways of inventing the modes of production of workers and users, as potential for changing the work process, since everyone invents solutions for the complex daily situations that support continuous learning, through experience and encounter, not exclusively through the transmission of knowledge[5]. In view of this, its pedagogical premises are learning to learn, meaningful and lifelong learning[4]. Using this format, the states organized the State Plans for Permanent Education in Health (SPPEH), which provided for the implementation of permanent education actions from the Regional Health Centers, the Regional Plan for Permanent Education in Health (RPPEH). Later, the centers were replaced by the Permanent Commissions for the Integration of Teaching and Service (CItS)[6].

However, the intensity of the actions suffered, over time, due to underfunding and, from 2011 onwards, the resources for the NPPEH were exhausted; thus, the policy lost its initial vigor. From 2017 onwards, regional workshops were started for its evaluation, in which it was found that there was a need to reflect on strategies to guarantee the effective implementation of the policy, considering the specificities of the regions, states and municipalities, in order to resume the NPPEH, as a strategy to comply with the ordering of the training of human resources by and for the SUS[6].

Following the assessments initiated by the Ministry of Health, in 2017, the government launched the Program for Strengthening Permanent Education Practices in Health in the UHS (UHS PSPEH), reviving the proposal for financial support and technical support for local bodies. Thus, it provides states and the Federal District with incentives, through resources, to develop their SPPEH. Although the policy has been in place since 2004, it has not achieved the expected impacts, such as the transformation of work processes and the teams performance in resolving healthcare actions.

During this period, the implementation of online activities by the Open University of the Unified Health System (UHS-OU) and private institutions considered being of excellence, such as the Support Program for Institutional Development of the Unified Health System (UHS-DSP), stood out. UHS-OU was created in 2010 by the Ministry of Health, managed by SMWEH and the Osvaldo Cruz Foundation, to develop distance learning activities within the scope of the UHS[7].

The UHS-DSP was established in 1998 by Decree No. 2,536, so that philanthropic entities could access tax exemptions by carrying out projects focused on the UHS. By means of Ordinance No. 3,276/2007, parameters were established for the approval of projects to support the SUS, which could be proposed by institutions that wished to qualify for the development of these projects. The law

No. 12,101/2009 provides for the Certification of Social Welfare Charitable Entities (CSWCE) and the procedures for exemption from social contributions, defining the concept of Hospital of Excellence, in which are included six institutions, five in the city of São Paulo and one in Porto Alegre/RS (DECIT, 2011)[8], respectively: Hospital do Coração (HCor); Hospital Alemão Oswaldo Cruz; Beneficência Portuguesa (BP); Hospital Israelita Albert Einstein; Hospital Sírio-Libanês and Hospital Moinhos de Vento[9].

As previously described, permanent education for the UHS has been taking place on three fronts: through the NPPEH, which, resumed in 2017, directs resources to the State Health Departments in order to develop PEH actions for their workers; UHS, which offers PEH in distance learning mode; and UHS-DSP, which has, in one of its dimensions, the provision of professional training.

The State of Paraná has a School of Public Health and a Human Resources Training Center, with the objective of developing and qualifying UHS professionals, through the construction of health care networks, with PEH as a structuring axis. In this sense, the question is: how was experienced in the state, from the perspective of the people involved in its implementation? Thus, this study sought to explore how permanent education in health has been implemented in the state from the perspective of professionals working in the regional health departments.

METHOD

This is an exploratory study with a qualitative approach[10] that is part of a study on the NPPEH in the state of Paraná. The state is organized into 22 health regional departments, distributed across four macro-regions (North, West, Northwest, East), decentralized administrative units that are coordinated with the State Health Department. The Paraná School of Public Health provides initial training, professional training, and higher education, with a view to developing the state policy for professional training and qualification of the UHS, guided by the PEH[11].

The participants were selected by intentional or purposeful non-probabilistic sampling from among those who had followed permanent education actions since the implementation of the NPPEH in 2004; it also considered those who were already retired but who lived through the period and made relevant contributions. Contacts by telephone from the health regional departments initiated data collection; thus, the network or snowball strategy was implemented[12-13]; the subjects were not known to the researchers and there was no specific relation with people who were dedicated to permanent education in the 22 health regional departments of the state.

Data collection took place from July to September 2021, through online interviews, using Google Meet meeting rooms, the WhatsApp video and audio application, as well as by phone call, according to the preference of the person interviewed, who was previously informed about the study and decided, on their own free will, to participate on a day and time suitable for the online meeting.

The interviews were conducted by two researchers, who collected the first two together and then separately, to standardize the conduct. They answered a semi-structured questionnaire, composed of identification data and questions aiming the objective of the study, therefore covering the inclusion of the person in PEH actions, as well as their knowledge about the NPPEH. In each interview, the interviewers' perceptions were noted in a field diary, producing data that were listed in the presentation of the results; the interviews were recorded and transcribed in full.

The data were interpreted using thematic content analysis, which is carried out in three stages: pre-analysis, construction of categories through investigation of the material processing of results and interpretation of the obtained data[10]. In the stages of production, systematization and analysis of qualitative data, the guidelines of the Consolidated Criteria for Reporting Qualitative Research guide, translated and validated for Brazilian Portuguese by Souza et al. (2021)[14], were followed.

The study was submitted to the Research Ethics Committee, received by CAAE: 46753521.6.0000.0107 and approved by CEP Opinion adopted: 4,715,679 in compliance with the standards for research involving human beings present in the Resolution of the National Health Council No. 466/2012[15] and guidelines for online research set out in Circular Letter No. 2/2021/CONEP/SECNS/MH[16]. The participants received, signed and returned, scanned, the Free and Informed Consent Form. The statements are identified with the letter E, to indicate interviewee, followed by numbers from 1 to 23.

RESULTS

The study was attended by 23 professionals involved with EPS, from whom 13 are nurses, two are social workers, two are dentists, two are administrators; the others had degrees in public management, sanitary engineering, sociology and pedagogy. From the systematization and analysis, it was possible to organize the following themes: understanding of what Permanent Education in Health is; the pedagogical assumptions of Permanent Education in Health; experiences with UHS-OU and UHS-DSP; and obstacles faced in carrying out Permanent Education in Health.

Understanding of what Permanent Education in Health is

It can be observed in the statements of the interviewees that, depending on the time they have been allocated to the regional health departments and that they are related to PEH, the conception and understanding of the policy have undergone changes. For those professionals who worked with the process of implementing the policy, the definition of what PEH encompasses is clearer and closer to its theoretical definition, as can be seen in the statements of the interviewees.

For E1, the concept of permanent education is broad, and several actions can be developed to achieve the objective. However, it cannot be reduced to the provision of courses, “the concept of permanent education, [...] I have a vision like this, for me almost everything fits into permanent education, but permanent education does not fit into everything. [...] our vision of permanent education is in and for the service” (our emphasis). For E11, who has always worked with professional training, PEH consists of a “very important movement as a qualification of the public health work process in the State of Paraná and in Brazil. I think these were very important movements that brought the possibility for those who work in public health to learn about the process in which they are inserted and to propose important attitudes and changes in the scenario”.

For professionals who have been in their positions for less time in the regional health departments, their view of PEH is limited to continuing education actions. For E18, training and courses are the forms of continuing education that she had the opportunity to receive in the regional health department, while referring to the terms continuing education and PEH with the same meaning: “Here, while Sesa is doing a lot of continuing education, so when I started, when I was in epidemiological surveillance, I would go to Curitiba at least once a month, we would have some training. [...] But I hope that when the pandemic ends, we will have continuing education” (E18).

Participants reveal that the terms permanent education in health, continuing education and in-service education are used and even understood as synonyms: “They use the terms continuing education and permanent education as the same thing, continuing education is necessary, we are in a state of knowledge evolution, today what you know in a year you will no longer know [...], so I need to have this continuing education, but permanent education, it has to take the actors into account, the work process, the territory, the knowledge that people already have, so I cannot ignore all of this, so people use them as synonyms” (E12).

In this sense, it is important that this understanding of concepts about EPS is known by professionals. For E8, "[...] starting with the difference between what permanent was and what continuing was, people didn't understand the continuous process with evaluation like that, you know, it was a very specific thing". According to E21, "there is a lot of conceptual confusion about what continuing education is, what permanent education is, what in-service education" is and, within the EPS, there are times when it will be necessary to use continuing education "in the policy itself, it says that within the proposal for continuing education you can use continuing education actions and it can also be directed to a specific audience, if applicable, as long as it is aligned with the organization's strategy". For E20, each term has different forms: "in-service education, continuing education is not permanent education"; In another excerpt, he reveals: "and permanent education was those courses that, at the time, sent projects to the school and the training came in the form of workshops, [...] but for me, this is not permanent education, for me, this is in-service education, continuing education. Permanent education, for me, is something that has no format, it is your day-to-day life that seeks a solution to your problem, whether in my region or in the municipality, you know! Making a transformation, it is a daily job, it is not a workshop every now and then, it is not a course, it has to be monitored and evaluated".

It can be inferred, therefore, that the apprehension of terminology and the meaning/significance of PEH is a process under construction; thus, it needs to have a reorganization of practices as a health policy to extend the culture of the need for PEH, inherent to the work of health professionals and the management of health actions, which privileged environment is State Health Secretariat and the regional health departments duly distributed throughout the state.

Furthermore, changes in terminology do not always follow practice, that is, what is done sometimes goes beyond one or another concept, which is changed to demarcate a new policy, for instance; but in the professional field, this is not incorporated, for several reasons. Thus, in addition to the tempting discourse of a new model capable of resolving health issues, changes are needed in the area of activity.

The experiences with UHS-OU and UHS-DSP

Another topic researched was the scope of online educational actions made available by UHS-OU. Participants considered them positive and affirmed the importance of this form of access to content and improvements. E16 evaluates UHS-OU as "very important today for professionals, because it is an access channel that they have to be able to self-train".

However, it is characterized by an individualized action, since, according to E9, "the activities of UHS-OU are more in ODL, so they come from this perspective of the individual seeking it himself [...]. Most professionals, when it comes to doing this more individualized work, especially ODL, they do not feel so interested, they do not feel so motivated, [...] they participated more in the face-to-face courses which we offered than the ones in ODL".

In the experience of those who took courses in this model, online education makes the learning process more difficult. E5 reports that he took "some UHS-OU courses after a colleague told him [...] I was not even a public health worker yet [...], but for me this distance learning thing is not very good, I do not like it, I do not get along very well with these online things, for me it has to be in person, for me it has to be, if you have doubts at the time you cannot clarify them".

In the same vein, E18 reports that he did "a postgraduate degree at UHS-OU, but prefers in-person [...] the UHS-DSP platform is very good, it had well-organized content, it was very explanatory, it had drawings, it had case studies, so it made you interact a lot and learn well, [...] but if you ask me which one I prefer, I would say that I prefer face-to=face courses". E20, on the other hand, emphasizes

that online courses are sought for career progression, that is, “distance learning, in-service education is really because you need to have your progression. So we need to take some courses and where do we do them? At UHS-OU, which is where they accept the most”. However, in its understanding of EPS: “What I studied in permanent education and what I looked for, I cannot link that from UHS-OU with permanent education. AS in-service education, perhaps, a study of protocol, standardization of some things. Or continuing education, which is a qualification in my area. But I do not see it as a process of permanent education”.

E22 states that UHS-OU, as a project and as an ideal, was something very good, but it is a very expensive structure, compared to public health schools that have lower costs and greater production. Or, in its words, “[...] this small group of federal universities, which were the ones that received resources and managed the resources, the problem with UHS-OU is that it is a very expensive structure, if I compare the production of UHS-OU with the state schools of permanent education, compared to what public health schools produce, it is like a drop in the bucket what UHS-OU can do in relation to what the network of schools does and the cost of UHS-OU is much higher than the cost that we have in the permanent education projects of other institutions”. The possibility of offering courses to a greater number of people and with a greater reach is addressed by E11: “I think ODL, that permanent education in health allows this information to reach everyone in a much more generalized way, everyone has access”.

The expression “protected time” appears in the statements as a way of providing professionals with a structure that favors educational processes in service, especially when they discussed distance learning, since they usually take these courses during work hours, which does not favor learning, since they do not stop to study. As E1 points out, UHS-OU actions play an important role in training, but “not everyone knows it exists, not everyone has time to participate in it [...], and this time, if it is not protected time, becomes very difficult”. According to E17, “we have a lot of difficulty with implementation, because I think that permanet education requires something that we cannot implement here, at least protected time for this team to meet, manage cases, study some things, exchange knowledge”. E23 emphasizes the need for training professionals and states: “Permanent education is so essential for work, for carrying out quality work, that it must be understood that the worker must have a schedule at work to be able to train and update himself.”

In this context, the technologies and resources offered through UHS-OU and UHS-DSP are important and produce responses to needs, especially during the pandemic, when technology has become a powerful tool in training processes. However, “the resource of technology and the methodology of permanent education in health, combined in a process of ongoing training for professionals, I think that, since it is still a transitory movement, it needs someone who acts as a tutor or something similar” (E11).

The actions experienced with UHS-DSP were less prevalent in the participants’ statements, showing their low expressiveness in PHH in the state. For E22, the program is an important project, however, its execution must be based on the problems faced by certain territories. However, institutions tend to seek research only in areas of their interest, not necessarily focused on the demand for services and health professionals: “I think this meeting of interests is the most complicated [...] there is a need for dialogue, at least to improve the issue of dialogue, for us to begin to have a slightly better understanding of what the UHS is, what is the role of training institutions within the Unified Health System, of research institutions and so on. There are pure and important basic researches, which need to continue happening [...] DSP would be a point that I would put forward as something that could be improved”.

The use of technologies and distance learning is also a reality for PEH, however, professionals have difficulty adapting to this new teaching method. It is considered that the UHS-OU platform is well

developed, gives out important and quality content, however, this format of professional qualification does not meet the proposals of PEH, which wants to value the knowledge and work reality of professionals in the construction of new knowledge. UHS-DSP, on the other hand, has less visibility in the state, so that few professionals have had access to actions involving this modality, which still concentrates its activities and research in the largest centers and in subjects with greater profit potential. It is important to highlight the importance of setting aside time during the working hours for professionals to have the opportunity to carry out training actions of their job and for this process to be integrated and to happen continuously.

The pedagogical assumptions of Permanent Education in Health

Active methodologies were cited by the interviewees as essential for the implementation of PEH, since they arouse interest in seeking knowledge, based on the work reality experienced by workers. They are fundamental tools "in the reflection on the work process, in learning to learn process, learning to listen, active listening, and other concepts that are taken, they are fundamental, to be able to make the knowledge available and to be able to provoke the public health worker to seek to learn all the time; I think that there is no final and concluded knowledge" (E11). For E1, the analysis of the training processes is essential for quality training, making it necessary to consider "a methodology that arouses the interest of the student, [...] this methodology is exactly for that, you try to get the students involved, they stop being just listeners and start being protagonists of the training; if you do not use these tools, you would not be able to transform anything".

PEH is not ready; it is a process under construction and must be carried out jointly. According to E20, "it is being assessed and redone, it is a broad process, it is a new way of integrating, not only within the region, but also between the region and the municipalities, it is not about going there and having a meeting and saying what needs to be done and that is it".

Another point raised, related to active methodologies, was the Maguerez framework, pointed out by E14 as an important tool for the problematizing the educational process in the workplace: "I think it is the path to the transform the work process. I think that the entire educational process today starts with this reflection, that is where the richness lies, reflecting on your reality and thinking about how to improve. I think that it is the way". PEH "works with active education, with the Maguerez framework, this issue of experience, of the experiences of each professional" (E19).

Active methodologies are mentioned and understood as essential in the adult education process. The appreciation of the knowledge and experience of health professionals should be the starting point in the construction of knowledge, however, quality and scientific rigor must be maintained.

Obstacles faced in carrying out Permanent Education in Health

The turnover of professionals in health departments was pointed out as a major obstacle to the continuity of the PEH actions developed. This can be seen in the statement of E15: "[...] the demand for professionals there at the front line, it is greatly influenced by this issue of turnover, so if they do not create a bond, if they do not know, if they do not seek this type of training, I think we see professionals still much more in search of specialization than of knowledge for their practice. They end up seeking knowledge for themselves, for their training, for their qualifications, not for their work".

The PEH was impacted by the Covid-19 health emergency and was sidelined. E5 believes that "[...] in fact, we are somewhat forgotten in this area, we are doing a lot of things, putting out fires, we professionals and the part of our permanent education is left aside, especially after Covid, it seems that this is all there is". But the hope is that, one by one the activities will be resumed, because, as E2 believes: "now, with the pandemic decreasing, we will resume these actions; I see the State's interest in providing this".

Or, as E1 points out, the pandemic made it possible for training processes to have a greater emphasis on training professionals, "the pandemic itself showed us this; as for continuing education in times of pandemic, without continuing education, we would be worse off than we are, [...] because how many opportunities for continued qualification [...] and permanent, if you have to train and keep doing it, then there is a very clear demonstration of the importance of these continued training processes".

The PEH faces some difficulties in its implementation in the state; among them, the turnover of professionals in regional health departments who are involved in permanent education actions stands out. Another factor that affected face-to-face PEH actions in recent years was the Covid-19 pandemic, in which face-to-face meetings were converted to the online format. Qualifying professionals in a timely manner during a pandemic was a challenge, but it provided an opportunity for scientific knowledge to be consumed and used to help combat the pandemic at almost the same time that it was produced.

Paraná School of Public Health and Permanent Education in Health

One of the themes highlighted in the interviewees' statements was the performance of the Paraná School of Public Health and the Human Resources Training Center in their work in PEH. It is worth highlighting the statement of E22, which portrays the performance, throughout history of this institution in PEH actions: "the School of Public Health, which was founded in 1996, but these are very old schools [...], of the processes of training health professionals for a long time, with nursing assistants in the case of the technical school and with training of sanitarians in the case of the School of Public Health". E1 adds: "The Paraná School of Public Health is one of the oldest in Brazil, so it has a very important history in the trajectory of public health in Paraná, but we realize this when we look at the timeline, so the school, it has this mission, in addition to traditionally training professionals in specialization courses, postgraduate courses and technical courses, which is the case of the Paraná School of Public Health [...]". In this sense E8 considers that "the movement that was happening in the training of people to attend this part of the family health program, [...] then the State and the School of Public Health got very involved and then the regional offices, they had the commitment to create the RPPEH, which would be in the regional departments. [...] there was a time before I left school that the it was very involved with permanent education in health, it was even ahead in the issue of technical courses, postgraduate certification, future master's degrees, which were being planned". E7 recalls that: "Later, when the Paraná School of Public Health took on permanent education issue, coordination began to take place within the regions."

E21 described the organization of the school: "[...] it has several divisions, so we have the division of applied technology to teaching and education in health, which develops courses in the areas of distance learning, in synchronous and asynchronous modalities. [...] We have the technical education section, which is well known as the Human Resources Training Center and develops permanent education actions for professionals at secondary and technical levels and those who are in initial training. [...] it is a unit of the State Secretariat of Sesa and it supports and develops PEH actions, [...] it also supports events, of what we have in the scope of technical-scientific events, so we also consider this as a permanent education action". E23 highlights the responsibility of permanent education in health in the state and points out that "our school is the unit that is responsible for the elaboration and development of the State Policy of Permanent Education in Health in the State of Paraná. [...], the school offers training and qualification courses, permanent education actions for the entire State, whether state or municipal employees, today I believe that the school is much better known than when I came here". However, he explains that there is still a lack of understanding among municipalities and health regional departments regarding the implementation of actions;

"their expectation is that the school will go there and do it for them, [...] they believe that it is all the school's responsibility, they put together a project and then send it to the school and then we guide it, even the Secretariat itself as a headquarter they believe that the school has to execute it, [...] the school will provide all this didactic support and methodology to help [the municipalities], the most appropriate methodology to achieve the objective of what [the municipalities] want, but the technical and specific knowledge is from the area" (E23).

In the experience of E18, the Paraná School of Public Health (PSPH) is remembered for its role in carrying out health education actions in which participated, as he points out in his speech: "since we had a lot of continuing education and we had the School of Public Health that carried out a lot of training for us, I believe that it is based on these pillars (active methodologies)". E2 refers to the institution as being responsible for the improvements in which they participated and for the teaching methodologies used: "[...] I believe that a health school could give you a better answer about this, as for us the improvements are already set up within a format, so I do not know if when they set up these formats, they were really based on these pillars". For E15, the permanent education actions "also had a lot of support from the central level because the School of Public Health was also responsible for this, and we have a lot of support and encouragement for us to maintain this policy".

The PSPH performance was recalled by E14, who stated that there was a movement to discuss the resumption of PEH actions, but in his professional practice, these actions were not implemented; thus, he highlights: "maybe it is a more central movement, maybe it is centralized in the School of Public Health, which we know always has actions being developed, but in the regional offices I do not see a strong movement regarding to this". E6 refers to the levels of responsibility of the PEH in the state, indicating the PSPH as responsible for the PE at the state level: "There was a regional organization and then a macro-regional and state organization, I would at least do it up to the macro-regional level, because at the state level it is the health school".

The interviewees' statements show the central role played by the PSPH in the PE actions, as the organizer of the actions in the state. However, there is still a need to understand the dynamics of the organization. It is clear that the PSPH has the role of organizing and assisting in the development of permanent education, but the demand must come from the municipalities and the regional health offices.

DISCUSSION

Health education disciplines are defined and classified according to the used methodology. PEH was created by the Ministry of Health with the aim of qualifying health professionals, using their own work environment and demand to train workers, starting from the valorization of pre-existing knowledge to build training from it[4].

There are, however, other ways of carrying out professional education, such as continuing education and in-service education. Due to the approximation, these terms are sometimes used interchangeably. However, continuing education occurs in formal educational actions, in defined periods, such as postgraduate courses[4]. In-service education encompasses professional experiences of daily work to solve problems, in which there is the immersion of subjects in work environments to experience teaching and learning in addition to providing assistance, such as uniprofessional or multiprofessional residencies in health[17]. Finally, permanent education aims to implement educational processes that generate reflection on the work process, "self-management, institutional change and transformation of practices in service, through the proposal of learning to learn, working as a team, building daily routines and constituting themselves as an object of personal, collective and institutional learning" [4:10].

When interviewing professionals from the regional health departments who are closest to professional education actions, since there are no specific departments in the state that are responsible for permanent education, it is clear that there is no appropriation regarding the concept and differentiation of what EPS and continuing education are for the majority. A review study[18] identified lack of knowledge about PEH practices among professionals, as well as a conceptual confusion about what PEH and continuing education in health are, after initial training, planned with defined content and for the transfer of knowledge, such as specific refresher courses on a given topic.

In contrast, the PEH is a form of updating that should provoke critical reflection among professionals. These are problems encountered in daily work which should be worked on together, including using the interdisciplinarity to produce quality knowledge[18].

The initial fervor for PEH recognized in the professionals' statements highlights the importance of resuming discussions, since those who experienced the implementation of NPPEH understand the role of the policy and its importance for the construction of the UHS. In this sense, providing training for new agents, when they enter the workplace, is characterized as a strategy for strengthening the policy in the states and health regional departaments. According to the preliminary report of the workshops, the management process for implementing the policy is complex and there is still little understanding on the part of managers about the importance of actions in qualifying and improving health care in the UHS[4].

Building a culture of permanent education in which health services consider professional training as an investment and not as a cost is also a challenge. As pointed out in a document on the NPPEH[4], the lack of funding directly interferes on the implementation of actions; in addition, there is a need for workers involved in PE to be aware of the concepts and also effectively develop assessment methods, which are the path to improving PEH.

Permanent education seeks to place the the health worker individual, as an active actor during the learning process. This appreciation, associated to active methodologies, provokes reflection on the needs of each territory, as well as rich and innovative experiences[19].

In this study, active methodologies were mentioned as an important tool in the adult education process, in which the student is the protagonist and the teacher a facilitator. The study found that active methodologies, when used in health training, stimulate autonomy and curiosity, in addition to valuing the student's prior knowledge, promoting reflections and alternatives to identified problems[20]; they also promote a collaborative environment for the development of analysis and critical skills and improvement of students performance[21].

The growth of active methodologies in the health area is significant, however, it is clear that there is still no suitable understanding of this teaching format; there is a widespread use of these assumptions and there is still a lack of mastery over these techniques. In another study[22], practices used by teachers were identified, concluding that there are flaws in the application of active methodologies and undefined resources, a fact that, associated with the research data, leads to reflection on whether, in fact, the working subjects and professionals who mediate in the training have mastery of what active methodologies are and how they are developed.

In the interviewees' statements, the reference to the Charles de Maguerez Arch stands out as an effective methodology that integrates the student in the search for solutions according to their reality. This tool has been recognized as a critical-reflective methodology to help promote changes in management and care contexts, both at the basic health level and at the hospital level[23].

When problematizing the PEH offered online, in order to understand whether they meet the training needs of health professionals, as in the case of the courses offered by UHS-OU, it is found that, in the work reality faced, there is no "protected time" for this training, in addition to the fact that, in

online courses, there is no dialogue, or even discussion about the subject. However, experiences have indicated that the tools for PEH in digital format are present and are presented as alternatives, despite the difficulties that individuals have in using them[24].

During the Covid-19 pandemic, online tools were made visible and had to be adopted in all spaces, forcing even those who resisted to accept and adhere to their use. Considering the speed of knowledge production in the context of human care, those tools can be allies in improving the care offered, in order to favor the expansion of access to produced knowledge quickly. In the pandemic context, they helped with quick and effective responses in the progressive provision of care and in the sharing of knowledge for the training of people who were involved in emergency care[25].

It can be seen from the interviewees' statements that most of them know how to deal with the UHS-OU platform which, although not to be created specifically for PEH, is part of the list of opportunities for improvement, which occurs through online courses, without interaction between the facilitator and the student. That characterizes more the continuing education than a permanent education, as it happens. According to the document published by the Ministry of Health, permanent education in health aims at training in the workplace[4]. Thus, qualifying professionals in greater numbers and on an ongoing basis is still a challenge, especially in the pandemic period experienced in recent years. This movement to resume and discuss the NPPEH is of utmost importance, so that the State can effectively implement the NPPEH, and also in the regional health departments and municipalities, those, who are involved in the process can have mastery over these actions.

Health research seeks to improve technologies in the treatment and prevention of diseases. It is in this sense that the financing of research systems has also become a reality in Brazil. UHS-DSP, in partnership with the Ministry of Health, integrates hospitals of excellence, which have the best technologies and, through tax exemptions, promotes partnerships with public health[26].

This study identified the little knowledge about this program in the State of Paraná, a fact that is evident mainly among professionals with less time working in permanent education. It is important to consider that the set of these projects has advanced and facilitates access to quality studies, yet, the transfer of knowledge and its improvement through the management still need improvement projects so that the UHS is really supported[26].

A study found that private institutions receive benefits that go beyond tax exemption. These tax resources are considered important for financing social and health policies. Furthermore, there are weaknesses in the evaluation and monitoring of the program and in its alignment with the UHS[27].

In this study you can see the important and central role of PSPH in PEH actions in the State. Public health education in the country has become a challenge, especially for educational institutions; for this reason, the school has worked[19] aiming to act according to the reality and needs of the UHS and converging with the principles of PEH.

The State Schools of Public Health have played a fundamental role in reflecting, developing pedagogical and management actions in health education processes, remaining responsible for health education and the NPPEH in the state. According to document N35 of Conass: "Schools are configured as a privileged space for the training of UHS workers, which requires reflection on the role and position of these institutions both in their conceptual bases and in organizational devices"[28].

When confronted with the reality of schools, a study observed the construction of more democratic institutions, becoming creative spaces for reflection on the experienced problems in the reality of work. This has been transformed into the so-called "culture of Permanent Education in Health" by the authors[29].

Therefore, as the PSPH is characterized as a strategy for implementing UHS policies, aiming to formulate proposals for educational training that consider the Primary Health Care scenarios in which

professionals are inserted. This way they can meet the demands of users and, thus, it is possible to promote changes in professional practices and in the Health Care Network, in management, training and teaching combined with academic and scientific production, from the perspective of Permanent Education in Health.

FINAL CONSIDERATIONS

It is possible to conclude that, in the experience of professionals who work with PEH in the state, it happens on two fronts, one is in distance learning, which uses the UHS-OU platform as a means of studying, where professionals seek qualification titles in various areas, and the other one is accomplished in the actions developed by PSPH, together with the regional health departments and municipal health departments.

The specific PEH actions carried out remotely make it difficult to comply with the precepts contained in the NPPEH, which tell that health actions be based on everyday work problems and that educational actions occur in the same way, allowing interaction between the parties and the possibility of significant learning for these professionals.

The emphasis on the activities developed by the health school, in the professionals' statements, is something remarkable in this study. It is necessary to broaden the understanding about the role of the school in PEH by the regional health departments and municipalities, but it is already possible to identify the role of this institution in the training of professionals who are part of the health network's staff.

Among the obstacles faced in this PEH process in the state are the lack of financial support, the lack of a protected schedule for dedicating to the training processes, the turnover of professionals in the health departments, due to commissioned positions, and the lack of ongoing training for graduates in the departments, so that they understand and engage in this process.

It is believed that resuming discussions about the concepts of permanent education and continuing education is essential to reactivate its strength in the state, so that, as other studies have already pointed out, the evaluation of actions and interdisciplinary work in the construction of a policy for qualifying professionals can strengthen and improve the UHS.

Furthermore, the definitions cannot treat continuing education and permanent education as opposing terms, because, even different, they are complementary and not exclusive. There are situations that require continuing education and others that can be addressed by permanent education, but both can enhance the consolidation of the UHS, as a supportive public policy that offers quality services to all Brazilians.

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Rosa Maria Rodrigues: Investigation, Project administration, Visualization, Writing – original draft, Writing – review & editing.

Ana Cristina de Moraes: Investigation, Project administration, Visualization, Writing – original draft, Writing – review & editing.

Gilson Fernandes da Silva: Project administration, Writing – original draft, Writing – review & editing.

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Corresponding author
Rosa Maria Rodrigues
Universidade Estadual do Oeste do Paraná (Unioeste)
Rua Universitária, 2069 – CEP 85819-110 – Cascavel/PR, Brasil.
rmrodri09@gmail.com

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