



Integration of education and service in health training: Pró-Saúde II PUC-SP and Health Technical Supervision of Fó - Brasilândia /SMSSP/Brazil

Integração ensino e serviço na formação em saúde: a experiência do Pró-Saúde II PUC-SP e Supervisão Técnica de Saúde da Fó- Brasilândia /SMSSP/Brazil

Integración enseñanza-servicio en la formación en salud: la experiencia del Pró-Saúde II-PUC-SP y la Supervisión Técnica en Salud Fó/Brasilândia/SMSSP/Brazil

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Abstract

This paper aims to highlight some productive meetings between Higher Education Institution and health services, since the implementation of the Pró-Saúde Program of Health Ministry of Brazil, in partnership between the courses of Speech Therapy, Psychology and Social Service of PUC-SP with the Technical Supervision of Fó/Brasilândia of the North Coordination Office of the Municipal Department

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of Health of São Paulo, as well as the tensions and challenges resulting from this process. The analyses were based on data built upon the balance of this cooperation that focus on the integration of university and health service. The project self-evaluation points to the capillarization and consolidation of compromises between university and services and, consequently, to the possibilities of influencing the training of college education.

Keywords: Health Education; Public Sector; curriculum; Speech, Language and Hearing Sciences; Psychology; Social Work.

Resumo

Neste trabalho procurou-se apontar alguns encontros produtivos entre Instituições de Ensino Superior e serviços, a partir da implantação do Pró-Saúde II, realizado em parceria dos cursos de Fonoaudiologia, Psicologia e Serviço Social da PUC-SP com a Supervisão Técnica Fó/Brasilândia da Coordenadoria Norte da Secretaria Municipal de Saúde de São Paulo, bem como os tensionamentos e desafios derivados desse processo. As análises se assentaram em dados construídos a partir de um balanço da trajetória desse fazer compartilhado, tendo como foco a articulação universidade-serviço. A auto-avaliação do projeto apontou para a capilarização e adensamento de compromissos entre universidade e serviços e, conseqüentemente, para suas possibilidades de influenciar a formação no âmbito da academia.

Palavras-chave: Educação em Saúde; Setor Público; Currículo; Fonoaudiologia; Psicologia; Serviço Social.

Resumen

En este trabajo se buscó señalar algunos encuentros productivos entre Instituciones de Enseñanza Superior y servicios, a partir de la implantación del Pró-Salud II, realizado por los cursos de Fonoaudiología, Psicología y Servicio Social de la PUC-SP, en asociación con la Supervisión Técnica Fó/Brasilândia de la Coordinación Norte de la Secretaria Municipal de la Salud de São Paulo. Se buscó señalar también las dificultades y retos derivados de ese proceso. Las análisis se basaron en datos construídos a partir del balance del camino de este trabajo conjunto, teniendo como enfoque la articulación universidad-servicio. La auto evaluación del proyecto señaló la difusión y aumento de compromisos entre universidad y servicios, y conseqüentemente, a sus posibilidades de influenciar la formación en el ámbito de la academia.

Palabras clave: Educación en Salud; Sector Público; Currículo; Fonoaudiología; Psicología; Servicio Social.

Introduction

The National Professional Reorientation towards Health Program, known as Pró-Saúde, is a recent initiative of the Health and Education and Culture State Departments (Interdepartmental Ordinance 2.101/2005)¹, that aims to “re-order” the education of human resources in health by establishing professional education and development policies in this field. It is a policy that aims to combat the undesirable and historically build divorce

between the Brazilian public unified health system (SUS) and Higher Education Institutions (HEI).

A good deal of academic productions focusing on strengthening the principles of the SUS has accentuated the fragmented characteristics of the instituted educational actions. The oppositions between theory and practice, study and intervention, subject and object have contributed to the perpetuation of training processes divorced from work processes, that is, the subjects’ concrete experiences. In addition to fragmenting, there are also the known hierarchies and specialisms.

In the same direction, several authors have signaled that health professional training policies imply the understanding of the complexity that currently permeates the SUS. According to Ceccim and Feuerwerker².

Training in the health field should aim at the transformation of professional practices and of work organization itself, and should be structured based on questioning the work process and its ability to understand and care for the several dimensions and needs regarding health of people, groups and populations. p.43.

Beginning in the year 2000, the Health Department policies, in partnership with the Education Department (AprenderSUS, VerSUS, Permanent Education Centers and, afterwards, Committees for Integration of Training and Services - CIES, support for the National Forum for Education of the Health Field Professions FNEPAS, Multi-professional Residency Programs and, more recently the *Pró-Saúde*) brought about the need for curriculum changes and for following the Curriculum Guidelines of Health field undergraduate courses. From 2008 onwards, the participation of professors and students in the FNEPAS workshops, in projects of awareness of each professional field and the constitution of inter-professional collectives for every region, has also favored the process of seeking changes. The actions of “Rede Unida” were also important for this mobilization.

Since 2008, the Pontifical Catholic University of São Paulo (PUC-SP) has been developing the *Pró-Saúde II* in a partnership with the Health Technical Supervision of F6-Brasilândia (North District of São Paulo/ City Health Department of the City of São Paulo - SMSSP), in four Basic Health Units - BHU (namely Silmaria Rejane Marcolino Souza; Vila Ramos; Dr. Augusto Leopoldo Ayrosa Galvão; Paulistano), with three undergraduate programs involved in the program: Speech-Language Pathology and Audiology, Psychology and Social Service. During this period (2009-2013) the theme of territorialization in its social and political conception, understood as a method capable of operating changes in the assistance model and current sanitary practices, was elected as the central axis for activity planning and execution.

The project has been enabling the articulation of these undergraduate programs with the territory where the University had developed a series of actions. Although the partnership occurred before the project, *Pró-Saúde II* enabled significant advances in planning and executing educational activities in the participating health units, in the investment in actions towards a multidisciplinary education and in experimenting practices that are shared by the service and the University. This path of actions has also enabled the construction and approval of the *Pró Pet-Saúde* (2011 Edict), involving the same programs and increasing the partners in the territory and in the Pet-Redes line of the handicap person that included the Physical Therapy program. If these shared practices produce productive encounters, it also brings about tensions, inflexions and new challenges that should be analyzed. In the perspective of the *Pró-Saúde* itself, presented as a moving policy with qualitative leaps with each proposed edict, especially in 2011 that articulates *Pró-Saúde* and *Pet Saúde*, the singular elements of the paths of those who implement it in the course of politics should be included, so that it can be effectively forged as a public policy.

The work is developed in consonance with the perspective discussed by Ferreira Neto and Kind³ who think of the *Pró-Saúde* as an *analyzer* of the relations between professional training in the health field and health services; that is, it is understood that the *Pró-Saúde* has a diagnosis and an intervention strategy for the undergraduate health field programs, and its analyses may expose the tensions, paradoxes and possibilities it contains. The authors³ use the concept of *analyzer* in the sense of institutional analysis⁴ that focuses on *facts or phenomena that are revealing and, at the same time, catalyzers; products of a situation that act upon it* (p.132).

This account intends to evidence some of these “productive encounters”³ between HEI and services, as well as the tensions and challenges derived from it, considering a balance of the path of PUC-SP and Technical Supervision F6/Brasilândia in these share actions, focusing specifically in the university-service articulation.

This balance is based on the self-assessment processes conducted in groups by the HEI and the services in different moments and contexts throughout the Program development and is based on records of meetings, activity reports and



evaluations by their different actors, produced by the local Management Committee.

Initially, there will be a presentation of the singular context where this experience takes place and of the devices forged at the beginning of the project; then, the productive tools forged in this integrated practice between HEI and services will be evidenced, analyzing the strategies used to attain the main goals and evidences of the obtained results. Finally, there are some reflections about the tensions that help to pose new challenges for the (permanent) construction of the SUS.

Description

Context and possibility conditions

The *Pró-Saúde II* Project at PUC-SP/ Health Technical Supervision of Freguesia do Ó/ Brasília SMSSP, was built in 2007. This Project embodied several demands that the three undergraduate programs – Speech-Language Pathology and Audiology, Psychology and Social Service – had regarding their Educational Projects and, also to the kind of bonds they had with the services that received interns from these programs. The undergraduate programs developed actions and internships in health in several services of the North District Health Coordination, but this was still done vaguely and according to the specific interests of each course/internship.

In contradiction, the University, albeit encouraging an interdisciplinary approach and, therefore comprehensive, has in its structure protective devices of the boundaries that make each specialty and their functioning institutional, which leads its programs to act mainly under the perspective of their own educational nucleus⁵. Even if reinforcing the importance of multi-professional and interdisciplinary action, during training, these experiences were sporadic and not systematic.

For academics, as well as for the services who receive students in training at their territories, disarticulation of the programs that use the same facilities to provide educational experiences and the students' being unprepared for multi-professional field work produce negative impacts on training, on the integration between the program and the service and on healthcare.

In the history of experiences that preceded Project elaboration, there were attempts of approximation between the three undergraduate

programs and health territories, experienced by the group proposing the Pró-Saúde at PUC-SP, that have strengthened its construction process. These experiences have always had, as a perspective, the approximation of the programs and the development of educational and research actions that would result in the qualification of training in the health field. We point out: 1) at the end of the 1980's, one experience in the perspective of the Professor-Assistance Integration Programs - IDA, which took place in the North Region of the city of São Paulo, with the participation of professors and students of these same programs at PUC-SP; 2) in 1998 through a interdisciplinary research in a territory recognition work, professors and students of these programs came together to map the territory's institutions and social movements, under the general coordination of Professor Regina Gifoni Marsiglia, Ph.D., of PUC-SP; 3) in 2003, the participation of the same programs in a Project of the Permanent Education Pole of São Paulo, held by the State Department of Education (SESSP) and the Permanent Education Nucleus in the "Health in the City Project".

Thus, the choice of this territory aimed to legitimize/encourage this tradition of internships, of professor participation in some of the movements in this territory and in permanent education initiatives conducted in partnerships in the above mentioned years. Yet, it should be noted that the Technical supervision at Freguesia do Ó/Brasília also carried a consistent history of construction of the SUS in the city: a tradition of social movements in the construction of the right to healthcare, since the late 1970's; pioneer initiatives and experiences in basic healthcare, such as mental health support in basic healthcare and the presence of the oral health team in the Family Health Program (PSF) since 1998. With the experience of the Integral Quality in Health Program (Qualis) implemented in 1996; the articulation of health workers in the Mental Health Workers Forum (now Healthcare Workers Forum), since the year 2000; the experience in training institutional supporters of the National Humanization Program (PNH), in 2008, with its unfolding into the Technical Humanization Group in 2010.

On the other hand, the city of São Paulo was still facing a difficult process in building full City control of healthcare, with a historic fragmentation of the actions between state and city and, especially with the ongoing process of

establishing partnerships with Non-Governmental Organizations (NGO's) and Social Organizations in the management of healthcare services, which has been causing tensions regarding the possibilities of discontinuation of the models of healthcare and work processes built until then.

The Technical Supervision of Freguesia do Ó/Brasília did and has been making important investments towards the consolidation of the attention model developed there. The project thus related to the service's expectation regarding the university, on supporting changes and improvement of the work conducted by the Family health teams.

These crossed stories of the region and the university ensured possibility conditions to develop the project and brought about the need to insert, in the project management and planning, the articulation with the Family Health Association, a partner NGO in this region in managing several services.

Project formulation: decisions and strategic devices

The Health Technical Supervision acknowledged the proposal of receiving students in the regular internships that already took place, and developed strategies with the BHU managers to insert the students and professors in different training activities in the territory. Upon the definition of four BHUs chosen to receive the *Pró-Saúde II*, the group of proponents was able to identify some of the needs that would be contemplated in the Project, that were expressed in the following aim: to encourage transformations in the educational process, generation of knowledge and serving the population for a comprehensive approach of the health illness process, having as a central axis student insertion in the public health system and the consolidation of the partnership between the university and the local service, strengthening the principles of the SUS and collaborating to ensure its materialization.

At first, an agreement was negotiated to insert the students in the territory, work plans were formalized and the workers were prepared to receive the students in the BHUs. Alongside service representatives, the proponents constituted a Local Management Committee. It should be noted that the funds for the Project, with the exception of the Fundo a Fundo fund received by the City Health Department, arrived two years after the Project was approved.

The construction of some principles and strategic decisions and the formulation of some devices, in the experience of instituting the Management Committee, were crucial for the course of the project:

a) Understanding the Pró-Saúde II as the articulator of all university actions in the F6/Brasília Technical Supervision territory (and not only on the four Units elected to participate in the project);

b) to elect a transversal axis that would work as the coordinator of all activities: the first chosen axis was the "Territory". This choice was made due to the North Health Coordination that found the need for a greater relation between territory diagnosis and health care action planning. On the other hand, it was also a known fact that territorialization was a central strategy for health policies ever since the Reformation guidelines (Sanitary and Mental Health Reformations).

c) to articulate the educational actions that were already taking place at the territory (internships in different types of services – Community Centers (Cecco), Psychosocial Attention Centers (CAPS), Outpatient Specialized Care, other BHUs) with the actions developed by the Pró-Saúde in two different ways: 1) constituting projects common to the services; 2) by placing, in the same BHU, internships or activities of different complexities so that the identified demands could be handled. For example, second and third year students, who develop approximation actions, brought up issues that fourth and fifth year students could work on with the service in intervention plans;

d) to articulate, whenever possible, other actions of the undergraduate programs (research, extension projects) with the territory's demands/needs;

e) to articulate the actions developed in each micro-territory, through systematic meetings in the service of the several students or programs inserted there;

f) to articulate the actions developed by each undergraduate program, through systematic meetings of different professor and different students;

g) to articulate the actions between the programs through meetings of the professor representing the programs in the Local Management Counsel with the professor involved in the territory, leveling different work and knowledge areas;



h) to determine secondary themes or demands from this first territory incursion that would be a reference for the actions in the following year/semester;

i) to conduct two large events per year (open to the academic community and all health care services of the territory). Aiming to collectively plan the service-university actions and/or discuss work themes/methods;

j) to offer more punctual Educational actions at the university or the service, focused on the general axis (for example: territory) or secondary axis derived from it.

A balance of the “university-service integration” process

This item will focus on the main work devices and strategies that derived from the principles and guidelines detailed above:

1. Construction of co-management work processes between HEI and services:

Broad Local Management Committee

In order to conduct actions in planning and execution of the *Pró-Saúde II* of PUC-SP, a systematic space for reflection and experimentation of collective actions was built. The Committee, a device part of the *Pró-Saúde*, made of service managers and professionals, representatives of social control, HEI managers, professor and students, rapidly became a central device for university-service dialogue and for articulation/support of the actions conducted in the territory. The function of joint elaboration of diagnosis, monitoring, assessment and planning of the intervention and its strategies has also been shared with other professionals and teachers in the form of a Broad Local Management Committee – with the participation of Graduate Studies Program professor, professionals from the Family Health Association – ASF, of the Family Health Support Nucleus – NASF and as a permanent place for welcoming and interlocution involving new projects and new professor who become involved. It assumes the function of a growing co-management experimentation of the university-service actions and the joint design of utopias regarding changes in health care and professional training for this job.

Planning, follow-up, and joint systematic assessment of the internships and developed actions.

All activities were planned and developed as a group, considering the perspective of the student’s work as an apprentice and supporter of the actions of the service; the joint planning of educational activities in the units (semester opening and closing meetings) and the collective welcome activities conducted by each unit, each semester with the group of students was instituted. Less potent relationship models were overcome. For example, some internships were covering up spaces left by the lack of professionals and were not well integrated to the process of changes to the healthcare model. Others were structured in the perspective of putting theoretical concepts in practice and the service was then seen as a place for observation, data collection for a reflection that did not give anything back to those who took part in it. The discussions about the difficulties and mistakes in the way of being of the academy in the services and about how the service received the academy enabled a new design of the internships and, above all, of the bonding with the services. Commitments and contracts were established and these incorporated, on one side, the educational needs and on the other the demands of the service. These local processes, of each BHU or micro-territory, were systematically taken to the Broad Local Management Committee meetings, which enabled new positions of either academic or service proposals.

Support for services scientific production

An important service-university bonding strategy was the support to enable and emergence of the services’ knowledge (support of experience reports, of participation in the Health Field Congress at PUC-SP). Thus, the creation of research fields and educating the health care service professionals as researchers is an aim of *Pró-Saúde* and of the *PróPets – Saúde* and these aspects were identified as demands in the management committee.

2. Activity guidelines according to the territorialization axis:

Inclusion of new students and new activities as seen by the territory.

As The actions of new students or professor in the territory aimed at the development and execution of a plan to become acquainted with the territory, developed alongside the reference unit and included: walking around the region covered by the unit/service with observation guides about

territorialization, social and cultural aspects; acquaintance with other regional services and activities; interviews and/or talks with community members about the territory, healthcare demands etc. All the information about the territory produced in these different activities were systematized in reports given to the reference service and to the Technical Supervision, in local presentations and in the group events and has been identifying demands and needs that feed the permanent education plans and the intervention projects. Educational experiences for the students in preliminary internships regarding those occurring before (1st and 2nd years for Speech-Language Pathology and Audiology and Social Service programs and 3rd year for Psychology), were devised. These experiences were integrated to the curricular activities of case studies and monitored visitations to the territory, with the purpose of leading the students into a reflection upon the social, environmental and sanitary aspects.

Devising spaces for discussion, sharing, and knowledge generation between workers, professors and students.

The group seminars/workshop/encounters with students, workers, managers and professors were systematically proposed and prioritized discussion of the transversal axis to the actions, based on the reading of the territory and network articulation. These seminars have been providing discussions that guide action planning and enabled the view for more possibilities of articulations to be devised and implemented by the project. Case discussions involving family health teams, NASF team members, unit managers and a partner social organization, students and internship supervisors were articulated into the seminars and workshops and systematically demanded in internship spaces.

Internal seminars in University events (Academic Week, Congresses and each field's Meetings) aiming to broaden the spaces for analysis and reflection about professional work and professional training in basic healthcare and to broaden professors' knowledge about the SUS have contributed to potentialize and articulate clinical actions to collective health; as well as to the spreading/grouping of the several kinds of knowledge in the field of health that are present in the university and in other educational centers.

Approximation of ongoing Graduate Studies Program researches to the Fó/Brasilândia territory

The Graduate Studies Programs in Psychology and Speech-Language Pathology and Audiology accepted the invitation to initiate dialogue between ongoing research fields (and projects), especially those thinking of devices/methods in healthcare for the services. They also contributed in taking their students to support scientific production of the services (poster workshops and virtual writing support).

3. Articulation of territorial logic with the healthcare actions

With funding available beginning on the second semester of 2011, and with the inclusion of the effects of the process in developing the Project, other actions were developed, aiming mainly in potentializing the articulation of healthcare to territorial logic.

Participation in forums and work groups (gts) of the territory.

The guideline for interns and professor to insert themselves in the several forums and gts in the territory and hiring three interns for Pró-Saúde, one of each program, for a more systematic participation in these spaces, producing forum memory and a blog, was an important device for visibility and articulation of the territory actions in network. Furthermore, there were advances in the dialogue with the actions of the National Humanization Policy (PNH) in the territory, electing common work axis (co-management/network) and planning actions as a group.

The construction of Project Pró-Pet Saúde Mental and Atenção básica

The partnership between the PUCSP and territory services under the responsibility of the Health Technical Supervision of Fó/Brasilândia, potentialized by the *Pró-Saúde II*, enabled the identification of persistent demands regarding mental healthcare in the territory, with needs to broaden the offered responses and raise their complexity. In order to transform this picture, there was a need to train and permanently supervise the teams to act in mental healthcare in the perspective of the Psychiatric Reform, consolidating and broadening strategies for managing the teams and strengthening



the constitution of an effective mental healthcare network, though the articulation of actions and strategies of the several services that are a part of it. There was also a need identified for more precise diagnoses, in order to provide elements to review the healthcare services and devising more systematic monitoring and assessment processes. The network articulation of Basic Healthcare Attention and mental health services is a privileged way to think and organize an integral response to these situations⁶. The Healthcare Methods axis, focusing on Mental Health was the direction taken by the proposal of the *Pró-Saúde* and *PET-Saúde* (2012-2013), involving the same three programs. Its aims are: consolidating the partnership between the university and the Freguesia do Ó/Brasilândia territory, in order to broaden transformations in the educational process, of knowledge generation and community service in a comprehensive approach of the health illness process, focusing on the experience and repertoires of the mental health field.

Two sub-projects of the *PET Saúde* were articulated into the proposal. 1) Improvement of Mental Health Care (mental disorders) in the Freguesia do Ó and Brasilândia territory: the presence of Basic Healthcare 2) *Improvement of the Mental Health Care* (alcohol and other drugs) in the Freguesia do Ó and Brasilândia territory: the presence of Basic Healthcare. *Project approval* (beginning in August 2012) and the continuity of the *Pró-Saúde II* until 2014 have been demanding an articulation of both projects, for which territorial logic and the axis of network and co-management are the main building tools.

Devising one more project - PróPet Redes

Pró-Saúde II's participation in the Rehabilitation Forum of F6 Brasilândia, since 2012, led to an approximation with demands from actions in health directed towards attending people with handicap in the territory. This Forum, that has sought the construction of Rehabilitation service networks since 2010, was able to rely on support from the University to conduct permanent education actions (training and healthcare methods) and support to devise and propose actions directed towards the strengthening of the principles of Basic Healthcare (access, integralization, coordination and longitudinal characteristic of care, Family and community participation). The opportunity of

projecting the activities of the Forum came with the approval of the *"Itineraries of Care and Networks of Attention to the Handicapped Person"* approved in 2013 (conclusion 2015). The project articulates research, permanent education and intervention actions with the work of paid interns, volunteer students and tutors. The therapeutic and care/self-care itineraries of the users of the healthcare network regarding problems concerning the health of the handicapped person in the territory have been analyzed through an action research. In this process we have been seeking: 1) to characterize the social, economic, demographic, epidemiological context and the service offers in the territory under the Technical Health Supervision of F6/Brasilândia; 2) to describe the process reported in the fields of healthcare attention to the handicapped person regarding the different services and healthcare systems used, focusing on Basic Healthcare; 3) to describe and question barriers, blanks, access, welcoming, bonding and accountability regarding therapeutic itineraries, taking into perspective integrality of attention and network articulation.

In short, the *Pró-Saúde II* has been aiming at devising tools, as previously exposed, to build spaces for debate and collective reflection that will enable Project implementation and the consolidation of the partnership between PUC-SP/STS F6-Brasilândia/ CN-SMSSP. Welcoming demands, sub-project laboratories, co-responsibility in the organization and execution of actions, project visibility, search for political support in the involved institutions are elements in this construction. For this purpose, we have used the following devices that are connected and mixed with one another, mutually interfering: planning and assessment workshops; Broad Local Management Committee Meetings; Permanent Education Projects; Seminars; Conversation moments; Participation in the annual congress of Health researchers; writing experience workshops; workshops with service users (council participation); Development of the website and Blog about Project actions; participation in events organized by the service (forums, GTS); Sociodrama; Research.

These devices have gradually helped to build an operative group spirit, in order to take down and build Educational processes for working in the health field.

4. Advances, tensions and challenges

From the standpoint of action territorialization

There were several gains in the continuity/sustainability of the actions, as well as in its increase in complexity, and their integration and processes: 1) concentration of work in one territory has enabled the continuity and an increase in the complexity of the actions;

2) Territorialization has enabled a connection of the actions by the student in several educational moments, and the student's integration according to educational levels; 3) The concentration of activities of different modalities (basic education and professional education) has favored the articulation, continuity and the possibility to deepen and develop the intervention; 4) Having territorialization as an axis has enabled broadening the inter-sector action as well as network action (articulation of policies in the territory and the University, as a part of the network – reference in mental health actions and in Speech-Language Pathology and Audiology with the following educational clinics: Psychology Clinic and the Division for Education and Rehabilitation of Communication Disorders (Derdic).

With the project's development, a greater number of students and professors became involved with the needs of the territory and several activities have been supporting work involving education, research and extension, and the participation of undergraduate, Masters' and Ph.D. students in the actions included in the project, as well as more workers becoming involved in the education of these students.

From the standpoint of training processes:

There was an increase in the participation of the health service professional in teaching activities and the participation of professors and students in the services and there were consolidated changes in the work process.

The internship has been relocating from the traditional places of instrumental use of the service and/or replacement to co-responsibility in education, perception of the intern's contribution and achievement of collective solutions. The professionals see the student as someone capable of reflecting, dialoguing about the issues that arise daily in the service. The service is not only a place where students develop their internships, but a

space for reflection. The contribution does not occur in doing for, but in doing things together, supporting, providing support, above all in home visitations where the student, aiming to understand the context, enables the Community Health Agent (ACS) to reflect upon his hypotheses. The concern about covering professional methods and techniques makes way for discovering the complexity of the experiences. This work in placing things into a context so that each and every action may be developed makes students and professors be more connected with the territory and what takes place there. Service professionals act as a reference, in constant dialogue with the supervisor/professor in growing awareness of the attitude of educator of the service professional; and students are inserted in the team.

There was an increase in the participation of the three programs in the territory with a growing involvement of professors, students and of different fields of knowledge. This increase happened, especially, in basic attention and in the mental health/rehabilitation relation in basic attention.

In short, there was an increase in the convergence of educational actions inside each program and among the programs, strengthening the trust relationships between the services and the university (coordinators, supervision, managers and PSF teams, and of the Family Health Support Group (NASF), professors and students), as well as the identification of new themes and demands of the territory (violence, workers' health, families at risk and vulnerability).

It has been observed, for the three programs, a greater interest of the students towards the field of public health, from the contact with a concrete reality through the actions that involved knowing a territory and its indicators, knowing that community's healthcare demands and how the services are organized to deal with these demands, planning actions agreeable with the indicators found in reality.

There was also a strengthening of the process of organization and increase of a team of professors that consider the health field and envision, from its different insertions in the curriculum, methodological and syllabus changes in different classes.

On the other hand, the curricular structure and the schedules of the three programs involved are very different, and this makes developing group actions much more difficult. The creation



of common schedules for the activities and group meetings involve the schedules of professors and students who are also involved in other curricular activities, without the possibility for changes on short notice.

The awareness of professors has been occurring gradually and the need for deepening the approach of the themes brought up by the service is a possibility of implying professors and researchers in complex issues posed by the care for families in a social vulnerability situation.

There is still the need to advance in the development of activities that will place the students, from their first years in training, in more systematic contact with the territory, considering the possibilities of action according to their level of education, so that they may be more involved in planned interdisciplinary actions. Another challenge is to integrate student activities with the territory's popular movements.

From the standpoint of financial resources, their management and the role of professors

If the absence of funding for the university during the first two years of the project (derived from the slow process responsible for its processing) imposed restrictions (mainly in the offers of educational actions for the services and of improvement in infra-structure conditions of the learning contexts) on the other hand, it made it imperative to use, in full-force, a strategy that may result in greater capacity for institutionalizing processes: - the articulation of the actions of the Pró-Saúde with dimensions of the curricular structure, in an effort of capillarization and deepening of the commitments of the *Pró-Saúde* in the existing structure.

However, the entry of financial support imposed new and unforeseen challenges. One of them, was also reported by Ferreira Neto and Kind³ and regards the impossibility of resources destined to training and education be given to the university professors. When entering the learning scenarios, working in the territorialization perspective, the professors involved with the Pró-Saúde are needed in very complex tasks that demand constant processing and articulation. The absence of financial or institutional support results in these faculty members being overworked. On the other hand, as an example of the need for institutional support, the insufficient value given to extension by the Coordination for Improvement of Higher Level

Personnel (CAPES), by the National Education Ministry (MEC) and the National Institute of Studies and Research (INEP) may be highlighted. Searching for space in the institution for better work conditions and for enhancing professor participation requires permanent investments.

On the other hand, the (legitimate and important) ways of controlling the use of the money (bids, notices) do not follow the same speed, dynamics and needs of the actions placed by the concrete projects and daily life. This management effort equally demands overworking professors, especially those involved in managing the project.

On the HEI-services integration.

Ferreira Neto and Kind³ wondered if the idea of integration that appeared to be "Strong in ministry documents", would be the best way to describe the desirable relationship between HEIs and healthcare services. The authors signaled that the different institutional logics and work processes that regulate each of these actors may not always be integrated. As an example, they mention, on one side, the necessary partnership between the university healthcare service and the SUS, but, on the other the likewise necessary singularity of a service, focused mainly on education, that does not compare in its logic to the way in which a public healthcare service works.

In fact, this "integration" does not happen without "tension". HEIs and services are each heterogeneous territories concerning their educational and healthcare practices. We are faced with fragmented and reductionist practices that are not in good synchronicity with integral attention or with a broad clinical practice, both in services and in the HEI.

The modalities of healthcare attention that are polarized in the experiences of Sanitary Reformation and Mental health Reformation (liberal x public or institutional x psychosocial) and that are the focus of the new orientation of healthcare proposed by the Pró-Saúde, are not a part of the HEI and the services in their pure forms but as hybrids, expressing their own tensions and disputes. This is the case of the polarization present in basic healthcare attention between clinical and collective health⁷, specialized and basic healthcare attention.

The timing of Pró-Saúde II coincides with the Basic Healthcare Attention Support Nucleus'

(NASF) entry in the basic healthcare attention demanding, many times, the BHU as a specialty clinic, finding teaching practices that see the clinic in a more restricted sense, as their professional identity and the meaning of educational experience. One example was an internship that cared for some patients referred to Speech-Language Pathology and Audiology treatment by the Family healthcare team, that were not discussed with the NASF team. This understanding/misunderstanding fed the tension between the Family Healthcare Strategy ESF/UBS versus NASF, who sought to work based on support and did not provide specialized care.

The process of joint construction instituted in the meetings with the broad local management committee, stimulating reflection, showed us that it was necessary to improve listening, observe the result of some interventions that intensified these tensions and reposition the students' insertion. Thus, it was guaranteed that the interventions proposed by the course program for specific training could be defined in the participation in meetings with the reference group at NASF in the family healthcare strategy team meeting.

Using co-management⁸ principles provided a work dynamics for a greater integration between education and service. Based on a collective decision, the NASF assumed the process of organizing the students' participation in collective spaces for case discussions and conduct decisions, as well as singular therapeutic projects. This increased conditions to analyze and understand different aspects that construct healthcare in an interdisciplinary practice.

The installation of a permanent field for analysis of these tensions is an essential task in the work process. In this case, different devices set this task: management committees, general meetings, and professor participations in permanent education actions, in forums, work groups or providing support in organizing an event that may be a concept devising or questioning device.

Closing Remarks

After four and a half years of implementation, Pró-Saúde II has proven to be a valuable device for changes in healthcare and education practices. Its inducing alignment has strengthened the interns/professors/healthcare team bond, and it has been

improving the ways of insertion/articulation of the university in services and planning actions between the units and the Academy.

The concentration of part of the programs' training in a pre-determined territory in agreement with the healthcare region has been providing a process of integration among classes and internships of the three programs involving professors and students of different courses.

In the services as well as in the academy, the *Pró-Saúde* has been playing an important role in action planning, execution and assessment, presenting new perspectives and training possibilities for students and healthcare workers.

The project's self-assessment points towards the capillarization and strengthening of the commitments between the university and the services and, consequently, towards its possibilities of influencing education and training in the academic environment. The daily routine of healthcare services, in its relations with the makings of attention and management, is a building block and, this, fundamental in the construction of education processes that seek to face the challenges of making the SUS more concrete, changing practices in healthcare and of those subjects who are involved in it³. Thus, we agree with Guedes, Pitombo and Barros⁹ that it is not about defining ideal political-educational models dissociated from the daily work processes, but it is mainly about indicating ways of education (principles and methods) that will operate in the indissolubility between caring, managing and educating.

Regarding the process of approximation between the HEI and services, less should be said about integration, and more about intercession, as used by Deleuze¹⁰, when referring to creative interference. In a text called *The intercessors* the author suggests the perspective of creative interference as the way of envisioning a relationship opposite to the superposition of codes or territories. The term intercessor should not be associated to intersection a term commonly used in mathematics, associated to syntheses or to partial coincidences between limited and isolated groups. The concept of intercessor should refer to intercepting with meanings of deviation or derivation that it contains, or yet with the connotation of interceding in its correlation acception¹¹. This creative interference opens a wide variety of possibilities of articulation



of the existing knowledge-power regimes (in the HEIs and in the services) or even of devising other regimes, of inventing new forms of coexistence and transformation.

In this opening, there was a co-management and network effort that is affirmed as a widening of the transversal degree of all parts involved⁴. On the other hand, it is also important to reflect on the work conditions that the intercession education-service demand brings to this practice's day-to-day. There are several difficulties in the project's execution. Some implemented policies contribute to overcoming these difficulties. The approximation between *Pró-Saúde* and *Pet-Saúde* should be highlighted. However, others must be thought of and put into practice, mainly those involving assessment and follow-up by the Ministry of Education (MEC) in the implementation of the Curricular Guidelines as well as new guidelines that will guarantee dialogue and articulation between the HEI's health field Programs' Educational Projects.

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