

Effective strategies for professional training in primary health care: Integrative review

Estratégias efetivas para a capacitação profissional na atenção primária à saúde: Revisão integrativa

Estrategias efectivas para la formación profesional en atención primaria de salud: Revisión integrativa

RESUMO

Objetivo: analisar as estratégias consideradas efetivas na capacitação de profissionais da Atenção Primária à Saúde. Método: Revisão integrativa nas bases LILACS; PubMed; SCOPUS sem corte temporal, nos idiomas inglês, português e espanhol, desenvolvida nos meses de janeiro a março de 2022. Resultados: De 859 publicações após a aplicação dos critérios de seleção identificou-se 17 estudos primários, desses 14 foram estudos nacionais. As estratégias de capacitação foram categorizadas seguindo o referencial da Educação Permanente em Saúde em 1) Estratégias efetivas para Educação Permanente em Saúde; e 2) Estratégias menos efetivas para Educação Permanente em Saúde. Conclusão: Nas estratégias menos efetivas utilizou-se o conceito de Educação Continuada, com visão bancária e tradicionalista, e a concepção crítico-reflexiva nas capacitações efetivas e problematizadoras. Um aspecto a ser explorado na Atenção Primária a Saúde refere-se à apropriação conceitual sobre Educação Continuada, Educação Permanente em Saúde e Educação Interprofissional em Saúde nas ações assistenciais e gerenciais.

DESCRIPTORIOS: Capacitação Profissional; Educação Continuada; Aprendizagem Baseada em Problemas; Equipe de Assistência ao Paciente; Atenção Primária à Saúde.

ABSTRACT

Objective: to analyze the strategies considered effective in the training of professionals in Primary Health Care. Method: Integrative review in LILACS databases; PubMed; SCOPUS without time cut, in English, Portuguese and Spanish, developed from January to March 2022. Results: From 859 publications after applying the selection criteria, 17 primary studies were identified, of which 14 were national studies. The training strategies were categorized according to the Permanent Health Education framework in 1) Effective Strategies for Permanent Health Education; and 2) Less effective strategies for Permanent Health Education. Conclusion: In the less effective strategies, the concept of Continuing Education was used, with a banking and traditionalist view, and the critical-reflective conception in effective and problematizing training. One aspect to be explored in Primary Health Care refers to the conceptual appropriation of Continuing Education, Permanent Health Education and Interprofessional Health Education in care and management actions.

DESCRIPTORS: Professional Training; Education, Continuing; Problem-Based Learning; Patient Care Team; Primary Health Care.

RESUMEN

Objetivo: analizar las estrategias consideradas efectivas en la formación de profesionales de la Atención Primaria de Salud. Método: Revisión integradora en bases de datos LILACS; PubMed; SCOPUS sin corte de tiempo, en inglés, portugués y español. Resultados: De 859 publicaciones, se seleccionaron 17 estudios primarios. Las estrategias de capacitación se categorizaron de acuerdo con el marco de Educación Permanente en Salud en 1) Estrategias Efectivas para la Educación Permanente en Salud; y 2) Estrategias menos efectivas de Educación Permanente en Salud. Conclusión: En las estrategias menos efectivas se utilizó el concepto de Educación Continua, con una visión bancaria y tradicionalista, y la concepción crítico-reflexiva en la formación efectiva y problematizadora. Un aspecto a ser explorado en la Atención Primaria de Salud se refiere a la apropiación conceptual de la Educación Continuada, la Educación Permanente en Salud y la Educación Interprofesional en Salud en las acciones asistenciales y de gestión.

DESCRIPTORIOS: Capacitación Profesional; Educación Continua; Aprendizaje Basado en Problemas; Grupo de Atención al Paciente; Atención Primaria de Salud.

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INTRODUCTION

the daily life of health professionals, unforeseen events and/or situations involving human beings and their well-being arise, with demands for the development of skills and abilities specific to the work reality of continuous updating.¹ In this work process, there is a focus on care, management and education to ensure the expansion of universal access and comprehensiveness in Primary Health Care (PHC), considering the organizational and relationship complexity.²

It is noteworthy that the training concept capable of meeting the health needs of the population in general needs to integrate the teaching, research and service triad in a strategic way, encouraging the continuity of professional training.¹

In this perspective, the National Policy for Permanent Education in Health (PNEPS - Política Nacional de Educação Permanente em Saúde) was proposed by the Ministry of Health. A strategy for valuing work, workers and the quality of health actions provided to the population, for the consolidation of the Unified Health System (SUS).³ Part of what was defined as education and in particular Permanent Education in Health (PEH), when it was not included in the work process for the development of profes-

sionals strengthened as health actions and management qualifications.²

PEH focuses on the learning-work relationship, whose construction occurs in the daily life of health services, incorporating learning and teaching into work processes. One of the concepts adopted, Meaningful Learning, proposes to transform professional practices, through a problematizing methodology, considering the knowledge and experiences of professionals in this process.³

The inclusion of PEH in the work process has revealed promising results in the reconfiguration and restructuring of services, as they constitute more fruitful strategies for improving care and management and consolidating the SUS.² Some obstacles identified have been the difficulty in monitoring and evaluating strategies, which give concreteness to the PNEPS, with structuring conceptual clarification.⁴

The PEH contributes to the improvement of academic training, by providing the development of workers on a continuous basis, strengthening health actions and public health policies, thus contributing to the strengthening of our health system.²

In this way, the implementation of PEH to all health professionals is a strong work management strategy, as it contri-

butes to the appreciation and satisfaction of the health professional, in addition to better qualification of the work process and consequently greater satisfaction of the population served.³

In view of the above, it is necessary to analyze the effectiveness of educational actions, developed in the SUS, which favor the recomposition of work processes.³ In this sense, this review seeks to contribute to the development of educational proposals and, subsequently, to the strengthening of the SUS. Thus, the objective was to analyze the strategies considered effective in the training of professionals in Primary Health Care (PHC).

METHOD

An Integrative Review (IR) was carried out in six stages: selection of the review hypothesis or question; selection of the sample to be studied; definition of study characteristics; analysis of studies included in the review; interpretation of results; presentation of the review with the synthesis of knowledge.⁵ The recommendations proposed by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses PRISMA were also followed.⁶

The guiding question was elaborated through the PICo strategy, in which the-

re is P for population - (Health professionals), I for intervention - (training strategies) and for the element Co of context - (Primary Health Care), which resulted in: "What are the training strategies for health professionals used in Primary Health Care?"

Inclusion criteria were: articles published in Portuguese, English and Spanish, without time cut-off; and primary studies. The exclusion criteria were: secondary studies and productions in the form of letters, editorials, experience reports, case studies, annals of events, dissertations and theses.

The search for primary studies was carried out in the online databases considered important in the context of health: Latin American and Caribbean Literature on Health Sciences (LILACS),

National Library of Medicine National Institutes of Health (PubMed), Elsevier's Scopus (SCOPUS), from January to March 2022, simultaneously, using controlled descriptors in English, Portuguese and Spanish: "Continuing Education", "Neoplasm", "Primary Health Care" and uncontrolled descriptors "Cancer" and "Permanent education". These descriptors were used in all bases and were combined with the Boolean operator "and". The entire selection process was carried out by two reviewers in a blinded manner, with the support of a third reviewer for the resolution of conflicts that occurred throughout the survey of the studies.

For the critical assessment of the sample selection, the hierarchical classification was used: Level I: evidence from a systematic review or a meta-analysis of relevant randomized controlled clinical trials; Level II: evidence from a well-designed, randomized controlled trial; Level III: evidence from a well-designed, non-randomized clinical trial; Level IV: evidence from a well-designed case-control or cohort study; Level V: evidence of systematic review of descriptive and qualitative studies; Level VI: evidence from only descriptive or qualitative studies; and Level VII: evidence of authors' opi-

nions and/or expert committee reports. 7 For the descriptive interpretation of the data, the recurring themes in the primary studies collected were prioritized.

RESULTS

Below, the adapted flowchart 6 of this IR (Figure 1).

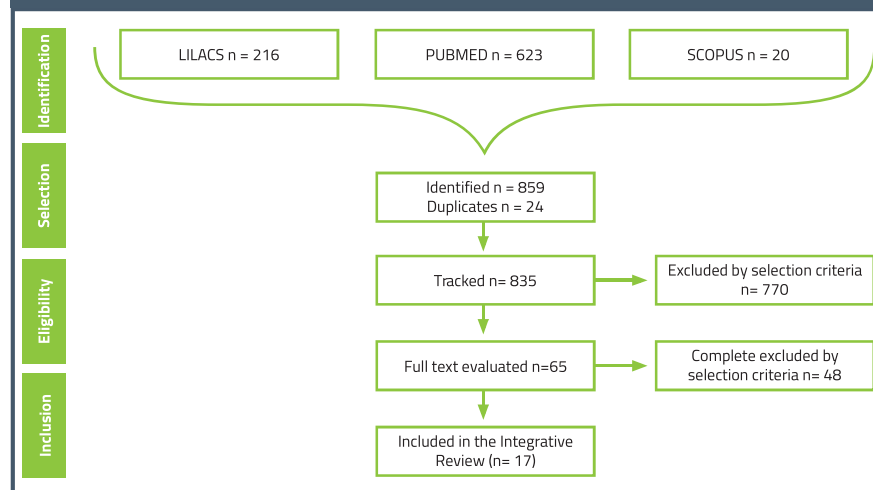
Of the 17 articles in the sample, 14 were published in Portuguese and 3 in English. Regarding the year of publication, three articles in 2014 and 2012, respectively; two articles in 2021, 2018 and 2009; and one scientific article each from 2020, 2017, 2016, 2015 and 2011.

Regarding the levels of evidence: 14 presented level VI; two articles, level III and one article, level II. The interpretation supporting categories is shown in Table 1.

DISCUSSION

In the "Effective strategies for PEH" the use of the problem-solving methodology was included, even if there was no identification of learning demands of health professionals⁸, as well as the strategy of associating theoretical classes with care practice activities and case discussion, noting the increase in professionals' knowledge in the pre- and post-educational inter-

Figure 1 – Flowchart of the search and selection. Ribeirão Preto, SP, Brazil, 2022.



Source: Adapted from Moher et al.6

Table 1 – Articles from the IR sample. Ribeirão Preto, SP, Brazil, 2022.

Authors and order of citation in the text	Categories
Bones, Costa, Cazella8/ Figueiras, Puccini, Silva9/ Cardoso10/ Silva et al.11/ Bernardes, Coimbra, Serra12/ Novaes et al.13/ Burgon et al.14/ Harvey et. al.15/ Silva, Peduzzi16/ Peduzzi et al.17/ Schneider, Tesser18	Effective strategies for PEH
Silva et al.19/ Carvalho, Almeida, Bezerra20/ Mishima et al.21/ Barth et al.22/ Pinto et al.23/ Martins, Montrone24	Less effective strategies for PEH

SOURCE: Authors, 2022

vention assessment.⁹

In addition, the Permanent Education Rounds¹⁰ were important spaces for collective discussion, potentiating the promotion of participatory management, in the appropriation of public health policies and in the humanization of work. The participation of nurses as facilitators of the Master Plan of a municipality constituted an important PEH strategy, which allowed the incorporation of new tools at work for the transformation of processes and practices.¹¹

Periodically systematized training, through tele-education to carry out teleconsultations for less favored realities, proved to be effective, even if the participants had not established it as a learning topic.¹² The program of multi-professional seminars, by web conference in Virtual Learning Environment of the Nutes Network (AVA Rede NUTES), has offered seminars with electronic presentations or conversation circles for synchronous discussion, with different speakers with expertise, integrating various educational institutions and this network.

The criteria for establishing the themes have been the epidemiological priority of the Ministry of Health and the demands of the teams, managers and partners of the Nutes Network, which has favored professional training, whose evaluations of the majority of the participants have indicated their approval.¹³ At the same time, successful technological resources such as gamification with simulations based on professional practice¹⁴ and the application of an E-Learning series¹⁵ were verified, in the development of capacities.

On the other hand, a comprehensive qualitative study¹⁶ on the collective construction of knowledge in the reality of work for the change of practices and the biomedical care model, based on the health work process, on the theory of communicative action, in Continuing Education (CE), PEH and Integrality, he identified the predominance of education at work.

In addition, the analysis of educational activities in PHC, despite the use of the participatory teaching strategy ascribed

to the PEH concept, the CE concept persisted. However, the coexistence of these conceptions showed the advances of procedural construction.¹⁷

Another intervention-research, in search of therapeutic actions that transform

experimentation/reflection/action.¹⁸

In this study, “Less effective strategies for PEH” were contextualized in nurses’ experiences with CE, with emphasis on traditionalist procedural technical updates¹⁹, as well as the team’s lack of clarity about PEH and knowledge about the principles and guidelines of PNEPS.²⁰

Similar results indicated difficulties in understanding PEH by managers as an instrument for translating technical work into implemented actions, goals or objectives, of an emancipatory proposal.²¹ In qualitative research²² there was a need for nurses to clarify the directionality of the PEH policy for the transformation of PHC in the southern region of Brazil.

As a counterpoint, in a quantitative investigation, the participation of family health teams in training was 81%, with 76% considering that they addressed their needs and demands, indicating the expansion and scope of the PEH, however, punctual and informational actions persisted.²³

A CDROM course, with 29 sessions in six modules, associated a training manual for the instructors, whose workload of 24 hours (h) was divided into 20 theoretical hours and 4 practical hours. To this end, problematization was used, based on the concerns of professionals, with pre- and post-intervention assessment. Although learning and sharing were evaluated as important, no changes were observed in the unit’s attitudinal and routine.²⁴

In view of the analysis of the studies in this IR, it is emphasized that the SUS is implemented through policies and programs gradually, the National Primary Care Policy (PNAB) stands out, responsible for the Basic Health Units, which constitute the gateways.

This service aims to solve most of the health care needs and the implementation of the PNEPS is one of the strategies for change, to adapt to the local reality, with critical reflective training in service. To this end, the commitment of all actors will be urgent, in the context of health work, thinking about the longitudinality of care, which implies the perspective of “PEH in

and resolve multidisciplinary knowledge about osteopathy, within the scope of PEH, indicated that training in the work process needs to confront biomedical dilemmas and acts of care seen, until then, as “merely theoretical”, calling for the triad of

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motion".²⁵⁻²⁷ Permanent education in movement problematizes daily work, resulting in a new way of acting.^{19,25-28}

Professional training interventions were considered important for learning and a great opportunity for knowledge sharing. However, educational action has not always contributed significantly to effective changes. Actions based on experience, as recommended by PNEPS, favored reflections on the work and implementation of new tools in PHC.^{8-13,16-17}

Still, the use of PEH concepts has been unsatisfactory, constituting a challenge, as there was a predominance of the Instrumental Education method, with content transmission, with emphasis on updating procedural technical actions, similar to the concept of traditional Continuing Education. The difficulty persists in distinguishing between the concepts of PEH and CE, whose adequate understanding will ensure integrality, universality and equity in PHC.¹⁹⁻²⁴

Over time, there has been an expansion of educational actions in PHC, but there is a need for clarity about the different conceptions of PEH and CE for use and implementation in care practice. PNEPS expanded specific, fragmented and inflexible actions, which makes it possible to ensure the participation of all actors, including the population served, with the incorporation of new tools and strategies to meet the demands, with strategic planning and not only, in an opportunistic way.^{19,25-28}

Furthermore, there is a need to advance in relation to Interprofessional Health Education (IPE) and its implementation in PHC, as it aggregates the efforts of different professionals, who, in addition to ensuring the individual protagonism of each profession, favors a new professional practice with the concomitance of collaborative actions from other professional areas, to enhance the fulfillment of the real demand of health care needs of the population.¹⁹

CONCLUSION

The least effective strategies in the training of health professionals in Primary Health Care were related to Continuing Education, with traditionalist teaching, prioritizing the transmission of vertical knowledge, of procedural technical work. The strategies, considered effective, were related to the concept of Permanent Education in Health, to strengthen the critical and reflexive actions of professionals, mainly with the use of the problematization method.

The conceptual appropriation of the differences between Continuing Education in Health, Continuing Education and Interprofessional Education will enable the work of managing units in Primary Health Care, adding training in the care process, expanding the health care demands of the population, for promotion and prevention and not just curative care.

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