

The inclusion of the Subject of Permanent Education in Health in the Curricula of Higher Education Courses in Nursing: A Possibility of Improving the Organizational Climate in Primary Care

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Opinion

The policy of Permanent Education in Health (EPS) is one of those pleasant surprises that the Unified Health System (SUS) can count as a support tool in the context of the work developed in Primary Care. This is because the EPS works from the perspective of qualifying the employees of these medical care units from the problematization of their service journey, re-signifying the role of each individual in their performance in favor of a collective.

Recommended by the Brazilian ministry of health, EPS has been changing over time and its power around the training of health professionals allows an increase in important knowledge for the performance of their functions. If we look at this moment of COVID-19 pandemic, which impacted the whole world with millions of deaths, the discussion of cases and the exchange of information pertinent to the treatment of the disease, awareness of the teams and immunization campaigns took place within a space debate, guaranteed within the principles of permanent education in health.

At the same time that we see its importance, it becomes a necessity, since this closer relationship with workers enables a broader understanding of the entire routine of the health space, as well as the role of each actor within this process. We are aware of that it's not everywhere that it happens. There are several indications for this moment to be postponed within the units, going through the exhaustive routine, lack of employees and even interpersonal problems with the team, and this is one of the fronts where it can considerably help these professionals.

If we take the model of the Family Health Strategy (ESF) distributed throughout the country, this service space has brought a series of benefits to the population. With multi-professional teams and closer to those in need, these units helped to take the services recommended by the SUS in places of difficult access and with extreme needs of the activities proposed by it. Engaging this team of collaborators with the needs of the territory, giving light to teamwork and improving power relations, contribute to the success of that health equipment, and the gain of this change of scenario brings reflexes not only in the practice environment, but for those who benefit from it, the population.

Nursing coordination of permanent education in health

The professional who coordinates these FHS units is the Nurse, a

professional with extensive theoretical and practical training for the performance of their functions and who brings with him a vocation of educator, since he performs and assists most of the procedures that take place within these spaces. Having this worker appropriate for the policy of permanent education in health, understanding the moments and spaces to align the actions of the EPS and seeing in it the power to act in a series of mishaps that can happen during their work routine, is one of the ways to democratize EPS and make it better known among health professionals and in the day-to-day activities of the units.

Given its importance, one of the possibilities for making this policy a work task for professionals inserted in the context of primary care is to make this educator, the nurse, have theoretical and practical background to think about the different ways of making the units of health an education space for the entire team. Deepening their skills in management and their academic training with a college subject that gives you all the power that permanent education in health has to facilitate your organizational work would be one of the first steps to see its implementation happening en masse.

Today, a lot of resources are spent trying to qualify this health professional after he is already inserted in the job market and with vices of the profession that, sometimes, tend to hinder his management or his look at the reality of work. Implementing EPS projects in consolidated units, with professionals already working for long periods and with aversion to this practice, tend to make this process difficult and full of mishaps.

In those spaces that tend to reserve a moment for the practice of permanent education in health, with a certain frequency and with the participation of the entire team, it is notorious and a satisfaction to follow the productivity rates of that unit, as well as the organizational climate with the workers. This productivity gain happens around the harmony with which the team works, as well as the joy and sense of belonging that these professionals come to have with the current practice of this policy and the improvements that it susceptibly brings. Making the EPS part of the day-to-day routine of a unit, as well as building these spaces for discussion with the entire team and bringing these professionals closer to the management of this nurse, is not an easy task, it is arduous, and often more support will be needed from the health manager in the municipality where that professional is located. Without the support of the Primary Care management in the implementation of this work and in the maintenance of the teams, it is difficult to promote these training moments for these workers, however, it cannot be a limiting or discouraging factor during this implementation phase.

Nursing curricula and permanent education in health

Bringing this policy into Nursing training curricula is a necessary discussion to be carried out with higher education institutions. Adding this content in a more extensive way within the training would allow a broader understanding of this professional about what Permanent Education in Health is and where it can take us. Also considering Resolution No. 7, of December 18, 2018, of the Ministry of Education, which makes extension curricularization mandatory in all Higher Education courses in Brazil, colleges can consolidate extension projects that take the student to know EPS, to problematize it and even to build permanent health education programs for Primary Care, in order to prepare this future nurse to act as a multiplier and educator within social health policies. Today, its performance is still very confusing for some professionals, being sometimes confused with continuing education. That is why talking more about EPS over five years of training, promoting practical moments of this construction, would further strengthen the possibility of implementing it in all health spaces, as well as bringing this manager, educator and, above all, nurses, an increase in their repertoire of actions to build a better work reality and a more educational and harmonious health environment.

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