

TECENDO A EDUCAÇÃO PERMANENTE EM SAÚDE NO CONTEXTO HOSPITALAR: RELATO DE EXPERIÊNCIA

WEAVING PERMANENT HEALTH EDUCATION IN THE HOSPITAL CONTEXT: EXPERIENCE REPORT

TEJIENDO UNA EDUCACIÓN PERMANENTE EM SALUD EN CONTEXTO DE HOSPITAL: RELATO DE EXPERIENCIA

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RESUMO

Objetivo: objetiva-se relatar e provocar reflexões sobre a experiência desenvolvida junto ao programa de extensão de um curso de graduação em enfermagem e sua inserção em um serviço de educação permanente em saúde hospitalar da região oeste de Santa Catarina, Brasil. **Método:** para tecer tais reflexões, fundamentou-se nos pressupostos da política nacional de educação permanente em saúde, do Ministério da Saúde, Brasil. Com o propósito de qualificação das unidades hospitalares foram propostas três ações educativas: implementação do programa nacional de segurança do paciente; implantação e implementação do processo de enfermagem e capacitação dos trabalhadores para o desenvolvimento de boas práticas de enfermagem. **Resultados:** os princípios da política nacional de educação permanente em saúde vêm contribuindo como ferramentas no processo de trabalho e as mudanças institucionais desenvolvem-se a partir das ações desse programa. **Conclusão:** apesar de a aproximação entre ensino-serviço potencializar a autonomia dos profissionais de saúde, alguns desafios são recorrentes, como a rotatividade de funcionários nos setores e a infraestrutura adequada para o desenvolvimento de atividades.

Descritores: Educação continuada; Educação em enfermagem; Desenvolvimento de pessoal.

ABSTRACT

Objective: the objective is to report and provoke reflections about the experience developed with the Extension Program of an Undergraduate Nursing Course and its insertion in a Permanent Hospital Health Education Service in the western region of Santa Catarina. **Method:** in order to make such reflections, the study was based on the assumptions of the National Policy of Permanent Education in Health. With the purpose of qualifying the hospital units, three educational actions were proposed: Implementation of the National Patient Safety Program, implementation of the Nursing Process and the training of workers for the development of good nursing practices. **Results:** the principles of National Policy of Permanent Education in Health have been contributing as tools in the work process and the institutional changes are developed from the actions of this Program. **Conclusion:** although the teaching-service approach strengthens the autonomy of health professionals, some challenges are recurrent, such as employee turnover in the sectors and adequate infrastructure for the development of activities.

Descriptors: Education, Continuing; Education, Nursing; Staff development.

RESUMEN

Salud hospitalar de la región occidental de Santa Catarina. **Método:** para entrelazar estas reflexiones, se fundamentó en los supuestos de la Política Nacional de Educación Permanente en Salud. Con el propósito de cualificar las unidades hospitalares fueron propuestas tres acciones educativas: implementación del Programa Nacional de Seguridad del Paciente, implantación e implementación del Proceso de Enfermería y capacitación de los trabajadores para el desarrollo de buenas prácticas de enfermería. **Resultados:** los principios de la Política Nacional de Educación Permanente en Salud han contribuido como herramientas en el proceso de trabajo y los cambios institucionales se desarrollan a partir de las acciones de este Programa. **Conclusión:** a pesar de la aproximación entre la enseñanza-servicio para potencializar la autonomía de los profesionales de salud, algunos desafíos son recurrentes, tales como la rotación de personal en los sectores y la infraestructura adecuada para el desarrollo de actividades.

Descriptores: Educación continua; Educación en enfermería; Desarrollo de Personal.

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INTRODUCTION

First tacks of permanent education at the hospital care service

In-service education is understood as a dynamic and continuous process for the construction of knowledge. In the health area, the constructivist line is perfectly applicable, as it has been demonstrated by professionals related to collective health education⁽¹⁾. In this sense, the demands for in-service education are not defined only by a list of individual needs for updating but mostly based on the problems of work organization being the Permanent Education in Health (PEH). From the problematization of the critical issues that happen in the daily life of the services, the qualification needs are identified to bring about changes in the ways of acting and to produce health, ensuring the applicability and relevance of the established contents and technologies so that they can (re) mean the work in health and nursing. This construction occurs through the development of critical/reflexive consciousness and free thinking, leading to a personal and professional commitment to reflect on the transformation of the lived context. The demands for PEH are permeated by aspects going beyond technical skills and knowledge, through subjectivity and structured relationships between the subjects involved in health care processes⁽²⁻³⁾.

PEH is a fundamental strategy for the transformations in work processes to be a locus of critical, reflexive, propositive, committed and technically competent work. In this sense, the insertion of the academy into PEH activities allows the interaction of the 'world' of training and work, practices and experiences, consolidating the Unified Health System (SUS) through the ordering of human resources training, committing the health sector and the education sector, as provided in Art. 200, item III of the Federal Constitution of Brazil⁽⁴⁻⁵⁾. To consolidate such assumptions, the Ministry of Education (MEC) and the Ministry of Health (MH) articulated the creation of the Secretariat of Labor Management and Health Education (SGETS) in 2003, to elaborate and propose policies for training and professional development for the health area. Corroborating with the consolidation of this articulation and to (re) meaning formation, the MS establishes the National Policy of Permanent Education in Health (PNEPS) to

contribute to the transformation of the formative processes, pedagogical practices and health care and the organization of services⁽⁶⁻⁷⁾.

PNEPS was reformulated by the Cabinet of the Minister (GM)/MH 1996/07, defining its conduct at the regional level through the creation of Teaching-Service Integration Commissions (CIES), under the coordination of the Interactive Regional Commissions (CIR) to adequate it to the guidelines and regulation of the Pact for health. The Decree Number 7508 of June 28, 2011, reinforces the need to advance the PNEPS implementation as a human resources policy for the SUS, focusing on the valorization of health, workers, intersectoriality and integral care work⁽⁸⁻⁹⁾.

The hospital care service is among the services making up the health care network within the SUS, also including one of the scenarios of the practice of human resources training, of knowledge production and constituting an education, research and extension field. In this context, EPH consists of personal development, enhanced by educational actions and broadening the spaces of dialogues, promoting technical training, acquiring new knowledge, concepts and attitudes. The existence of PEH in the hospital context facilitates collective construction, fostering meaningful learning and extending the possibility of implementing changes aimed at in-service education actions⁽¹⁰⁾.

In the hospital care setting, we face constant technical and scientific innovations, requiring updating and permanent qualification of workers, managers, and subjects (students and educators) that represent the training institutions. This movement is intense for all involved since in producing health, workers are instigated to reflect critically on the work process, allowing their transformation and reorganization.

Thus, historically, the Public Health Policies implemented in the last decade have practiced as a strategy for qualification and consolidation of SUS included in their PEH guidelines⁽¹¹⁻¹²⁾. In line with this proposal, the MH together with the MEC redefines the Teaching Hospitals Certification Program. In Article 2º § 10 of the Ordinance redefining the accreditation of teaching hospitals, PEH is indicated as: "Political-pedagogical proposal that puts the daily work or training in constant analysis, constructing collective spaces for the

reflection and evaluation of the meaning of the acts produced in the daily life, being the object of transformation the subject in the work process, oriented towards Improving the quality of health care⁽¹²⁾.”

The aim of this article is to report and provoke reflections about the experience developed with the extension program of the undergraduate nursing course at the State University of Santa Catarina (UDESC) and its insertion into the PEH service of the Regional Hospital do Oeste (HRO), both scenarios located in the municipality of Chapecó, western region of Santa Catarina (SC), Brazil. The experience is the result of an integration partnership between teaching and service for the training of health workers, especially nursing. The results and experiences of the extension program will be discussed, aiming to consolidate the PEH practices in the hospital context.

METHOD

Contextualizing the praxis scenario between education and hospital care

Through its undergraduate course in Nursing, UDESC has been developing activities that integrate teaching and service since 2005, based on the commitment to build a teaching-learning process providing experiences of observation, reflection and, above all, assessment of conditions in the daily life of health professionals. In this scenario, actions related to continuing and permanent education, involving health workers, especially nursing, are developed, including among the support sectors (sanitation and cleaning, laundry, administrative, among others).

The Nursing undergraduate course at UDESC, in accordance with the National Curricular Guidelines (DCN), implements activities involving teaching, research, and extension. One of the priorities among the extension actions is to approach the community to interact and add value to life in society and in the world of health, especially their work. Thus, the extension allows the visibility of the course and offer of services to the community. The DCN guides the formation of generalist, humanistic, critical and reflexive professionals, with the capacity to intervene on problems prevalent in the local/regional/national epidemiological profile and commitment to citizenship. The role of the nurse in this context is emphasized from the skills of communication, leadership, decision making, and management, skills that should be promoted and strengthened

not only in training but as a process of PEH, based on the demands of professional life⁽¹³⁾.

Together with the movements of approach between teaching and service and based on the recognition of the PNEPS assumptions as a device of change in the healthcare model, a training program was proposed for nursing professionals in hospital care in PEH provoking change movements and assisting in the qualification processes of the health and nursing workers in the HRO. The program also aims to contribute to the qualification process of the hospital in the quest to become a teaching hospital.

It should be emphasized that it is necessary to have the participation of teachers, students and sectors of society to be considered an extension action, characterized as an interdisciplinary, educational, cultural, scientific and political process, in a way that meets the needs and demands of society⁽¹⁴⁾.

The partnership was based on the pedagogical principle that presupposes a critical, problematizing and reflective educational process, based on daily work or health training since the proposal is based on the hegemonic model of health, biomedical and hospital-centered⁽¹⁵⁾.

The ability to question is based on the search for new knowledge, on the construction of a knowledge beyond the borders, awakening the creative imagination, having as background the integration of theoretical and practical knowledge. To this integration, it is called 'praxis', revealing it as the action-reflection-action attitude, in a possibility of transforming reality, a source of reflective knowledge and creation that human beings perform in a dialogical way among themselves and mediated by the world. Through praxis, it becomes possible to overcome the oppressive-oppressed contradiction, as well as fostering change, which can occur both in the process of formation and in the work process. The development of the critical attitude awakens the consciousness that causes the subject to transform reality, allowing geographic spaces to be temporalized and history built from the creative activity of the subject⁽¹⁶⁻¹⁷⁾.

Tacking the networks: education and hospital care in the western region of SC

The extension program was developed in HRO, a reference in the western region of the State of SC, assisting the population of the 76 municipalities of the macro-region, as well as the

municipalities of the States of Paraná and Rio Grande do Sul, covering approximately 1.5 million inhabitants. It is characterized as an institution with 276 beds for hospitalization, providing hospital and outpatient services of high and medium complexity and working in a partnership with SUS⁽¹⁸⁾.

Following the process of increasing regional hospitals in Brazil, HRO has expanded its capacity to offer services, integrating the movement to increase vacancies in higher education. Also, it is one of the scenarios of practice, teaching, research and extension of undergraduate courses in the health area, for regional, state and federal universities, as well as vocational education of technical level located in the region.

In this movement, the actions of education in service of the HRO had its first steps in 2005, with a group composed of a multi-professional team: nurse, nutritionist, biologist, administrative assistant, representative of the hygiene and hospitality sector, among others. Concomitant to this group, the Nursing Service also developed continuing education actions. In 2007, UDESC's undergraduate nursing course began its practice activities in the HRO and in 2008, the activities in the education sector began with the participation of a teacher in an incipient way, systematizing the nursing procedures. Currently, 15 nurses from nursing care, management and administration are part of the Extension Program. The teaching segment is comprised of six female teachers and 15 students from different phases of the undergraduate nursing course that articulate, plan and execute activities related to PEH, with the objective of qualifying and developing projects for training, qualification and in-service training⁽¹⁵⁾. Therefore, the PNEPS assumptions were used as strategic instruments for the qualification of the hospital units through three educational actions.

The first action collaborated with the implementation of the Patient Safety Nucleus (NSP) in November 2014, in compliance with the guidelines of the National Patient Safety Program (PNSP)⁽¹⁹⁾. The NSP members were organized into committees, subdivided into working groups to discuss each goal integrating the PNSP. The goals involve reorganizing work processes, developing and validating protocols, guides, manuals, and the patient safety plan. Data from monitoring the prevention and treatment of skin and risk injuries and falls are recorded into a database from the Epi Info™ program. The activities began with the

development of reports and investigation reports of adverse events and technical complaints, gradually implemented to establish a culture focused on patient safety and to meet the initial criteria for accreditation with the Sentinel Network.

The second action aims to implant and implement the Nursing Process (NP)⁽²⁰⁾, and to deepen the knowledge about the Systematization of Nursing Assistance (SAE) and the NP, to advise HRO professionals in the implementation of the stages of the NP using the standardized languages Nursing Interventions Classification (NIC) and Nursing Outcomes Classification (NOC), as well as to construct pedagogical didactic material for the study of SAE/NP. In this stage, bi-weekly meetings are held with the nursing team (nurses and care technicians), managers (HRO unit coordinators and the continuing and continuing education sector) and university professors and students. The activities were held in talk circles and mini-courses about the use of standardized language in nursing care.

The third action proposes to train workers for the development of good nursing practices, based on mini-courses and training and advice in the elaboration of standard operating procedures and assistance protocols. Also, a project for the qualification and integration of HRO workers is under development, which aims to expand the actions focused on the management and administration processes for the newly hired professionals. All actions are developed in a participatory and dialogical way, considering the demands of the service.

It should be emphasized that the planning of actions started from the demands and need emerged in the daily work of health and nursing, fostering the development of professionals in a context of commitment, search and update of knowledge. This movement rescues the autonomy of work - learning, considering the knowledge and experiences of the people involved, providing the transformation of professional practices⁽¹⁵⁻¹⁶⁾.

In this context, in-service education actions that incorporate the different segments responsible for the training, as well as PNEPS regarding teaching-service integration, were considered as the collective, agreed and integrated work of students and teachers of the courses, health workers, and workers of the health services teams, including managers⁽²¹⁾. It is considered that the teaching-service integration

acted as a strategy of in-service training change, ensuring meaningful learning for those involved in this process.

RESULTS AND DISCUSSION

The weaving nets cross and break: PEH movements in the hospital

Up to the present, the actions developed were focused on movements that aimed to raise the awareness of nursing workers from their changing needs, facilitating/qualifying their work process. Therefore, it began with actions directed at continuing education, as a strategy for this critical construction. Continuing education is guided by a more conventional model, including work as an application of specialized theoretical knowledge⁽²²⁾.

There was a satisfactory involvement of the health and nursing team in the proposed actions: creation and revision of standard operating procedures (POPs), creation of the respiratory arrest protocol, training course and practical simulations; course for caregivers and counseling for implementation of SAE and NP, as well as protocols in the implementation phase: protocol for the prevention of falls risk; patient identification protocol; protocol of precautions and insulation; and protocol of safe surgery.

The movements happened through the use of Active Methodologies (AM) by conversation circles are developed as follows: at first, they were planned according to specific themes listed on a questionnaire applied to the group of coordinating and assisting nurses. It was observed that some themes were proposed in a recurrent way among the sectors, just as there were themes pertinent to specific sectors. In a second moment, a conversation was held in which themes were proposed according to the professional category; difficulties in implementing standard operating procedures and protocols; and the need to qualify the care provided. With this overview, the first activity that emerged as a demand was the expansion of spaces for the reception of new employees and the production of educational material related to the basic and exclusive procedures of nurses.

The AM is inserted in the context of the new pedagogical tendencies, characterized by putting the student at the center of the teaching-learning process and the teacher is presented as a facilitator of related experiences, capable of transforming the work context in health⁽²³⁾. Thus, AM is a challenge and at the same time a

potential for educators in the context of hospital health care, since it offers a reflection and debate about the problems (us) manifested in the daily work of health and nursing, and also disrupts existing practices, inviting all involved (educators and student-workers) to re-mean their knowledge and doings.

In this context, the circles of conversation were proposed based on everyday themes and problems of the work process to qualify nursing work in hospital care. It was a great challenge to introduce and add to the in-service education practices of the HRO, concepts explored in the area of education, because although recommended as a health policy, PNEPS has not only guidelines and pedagogical presuppositions but a management strategy⁽¹⁰⁾.

PNEPS bets on shared management, welcoming and aggregating the several knowledge and actions put into action in the daily life of the health service because, regardless of position or function, all of them produce knowledge. Therefore, it is important to respect the times and movements of the group of workers, who in this case, although they still defended or advocated more formative actions, such as unidirectional training or training, they were open to further experimentation, such as Construction of the Cardiopulmonary Care Attendance protocol, in a collective and multidisciplinary way. It is worth emphasizing that education is a continuous process of knowledge construction, using free, critical and reflexive thinking, justifying a personal and professional commitment to enable and transform the lived reality⁽¹⁰⁾.

The activities carried out so far have contributed to arouse the interest of the workers and to commit them to thinking about their work process and their day-to-day assignments, their qualification, and their construction need to be redefined to meet the demands of users and managers.

It is considered necessary that health workers, especially those in nursing, add to their practices more humanized actions that make sense in the search for the health needs of the population. In this scenario of implementation of the extension program, the difficulties experienced were, mainly, those related to the possibility of collective agendas that contemplated all the coordinating and assisting nurses. It is known that the day-to-day care of hospital is permeated by complex situations and a

greater flexibility of the management to meet all the demands is required, for the mobilization of human resources.

The coping strategies resize the themes initially proposed in the conversation, to re-establish deadlines for the production of educational materials to be able to add as many participants as possible. It is believed that the more professionals get involved with this dynamic of the conversation circles, the greater the awareness for teamwork, in the network.

However, a worrying finding breaks important ties that have begun: the difficulties stemming from the lack of incentive policies in the qualification of human resources in the hospital area so the long awaited quality in the preparation of its cadre of nursing professionals is sought.

FINAL CONSIDERATIONS

The institutional changes that have been taking place through the use of AMs, such as talk circles; the care protocols; POPs; and other devices such as the implantation and implementation of the NP, seek to empower the health professionals, especially nursing professionals, as they become active subjects in the PEH artifice.

Also, it can be seen that the PNEPS principles have been contributing as tools in the work process. This is the case, for example, of the patient safety nucleus, seeking in the safe care of the commitment and challenge to developing a safety culture that overcomes the punitive culture, allowing a more conscious look at the care practices and processes of work. In this context, it has also contributed indirectly to the implementation of the SAE, with one of the highlights of professional development and quality assistance in the NP.

These cross, tear, break, re-construct, and (re) mean paths are the major expression of training for quality in care. The need and desire for health professionals to weave their participation remains, as protagonists/subjects of daily work, in an incessant search for knowledge and the possibilities of its application in practice. It should be noted that PEHs movements contribute to a path in this network that can be woven.

REFERENCES

1 -Ceccim RB, Feuerwerker LMC. O quadrilátero da formação para a área da saúde: ensino,

gestão, atenção e controle social. *Physis*. 2004;14(1): 41-65.

<https://doi.org/10.1590/S0103-73312004000100004>

2 - Lima JCS, Barbosa AAA, Costa RM, Machado FCA, Nóbrega JSM. Educação permanente: o trabalho em saúde e os seus pressupostos. In: Castro JL, Vilar RLA, Oliveira NHS. *As trilhas e os desafios da gestão do trabalho e da educação na saúde*. Natal: Uma; 2016.

3 - Vendruscolo C, Ferraz F, Prado ML, Kleba ME, Reibnitz KS. Integração ensino-serviço e sua interface no contexto da reorientação da formação na saúde. *Interface (Botucatu)*. 2016;20(59):1015-25.

<https://doi.org/10.1590/1807-57622015.0768>

4 - Brasil. Constituição (1988). *Constituição da República Federativa do Brasil*. Brasília (DF): Senado; 1988.

5 - Silva LAA, Pinno C, Schmidt SMS, Noal HC, Gomes EM, Signor E. A educação permanente no processo de trabalho de enfermagem. *Rev Enferm Cent O Min*. 2016;6(3):2349-61.

<https://doi.org/10.19175/recom.v6i3.1027>

6 - Ministério da Saúde (BR). Portaria Nº 198/GM, de 13 de fevereiro de 2004. Institui a Política Nacional de Educação Permanente em Saúde como estratégia do Sistema Único de Saúde para a formação e o desenvolvimento de trabalhadores para o setor e dá outras providências. Brasília (DF); 2004 [citado em 4 nov 2015]. Available in::

<http://portal.anvisa.gov.br/documents/33856/396770/Pol%C3%ADtica+Nacional+de+Educa%C3%A7%C3%A3o+Permanente+em+Sa%C3%BAde/c92db117-e170-45e7-9984-8a7cdb111faa>

7 - Ministério da Saúde (BR), Secretaria de Gestão do Trabalho e da Educação na Saúde, Departamento da Gestão da Educação na Saúde. *A educação permanente entra na roda: polos de educação permanente em saúde: conceitos e caminhos a percorrer*. Brasília (DF): Ministério da Saúde; 2005 [citado em 10 nov 2015]. (Série C. Programas e relatórios. Educação na Saúde). Available in:

http://bvsm.sau.de.gov.br/bvs/publicacoes/educacao_permanente_entra_na_roda.pdf

8 - Ministério da Saúde (BR), Departamento de Gestão da Educação em Saúde, Secretaria de Gestão do Trabalho e da Educação na Saúde. *Política Nacional de Educação Permanente em Saúde*. Brasília (DF): Ministério da Saúde; 2009 [citado em 20 nov 2015]. Available in:

<http://portal.anvisa.gov.br/documents/33856/39>

[6770/Pol%C3%ADtica+Nacional+de+Educa%C3%A7%C3%A3o+Permanente+em+Sa%C3%BAde/c92db117-e170-45e7-9984-8a7cddb111faa](http://www.planalto.gov.br/ccivil_03/ato2011-2014/2011/decreto/d7508.htm)

9 - Ministério da Saúde (BR). Decreto Nº 7.508 de 28 de junho de 2011. Regulamenta a Lei no 8.080, de 19 de setembro de 1990, para dispor sobre a organização do Sistema Único de Saúde - SUS, o planejamento da saúde, a assistência à saúde e a articulação interfederativa, e dá outras providências. Diário Oficial União. 29 jun 2011 [citado em 5 nov 2015]. Available in: http://www.planalto.gov.br/ccivil_03/ato2011-2014/2011/decreto/d7508.htm

10 - Flores GE, Oliveira DLL, Zocche AA. Educação permanente no contexto hospitalar: a experiência que ressignifica o cuidado em enfermagem. Trab Educ Saúde. 2016;14(2):487-504. <https://doi.org/10.1590/1981-7746-sip00118>

11 - Ministério da Saúde (BR). Portaria Interministerial Nº 3.390, de 30 de dezembro de 2013. Institui a Política Nacional de Atenção Hospitalar (PNHOSP) no âmbito do Sistema Único de Saúde (SUS), estabelecendo-se as diretrizes para a organização do componente hospitalar da Rede de Atenção à Saúde (RAS). Diário Oficial União. 2 jan 2014 [citado em 5 nov 2015]. Available in: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2013/prt3390_30_12_2013.html

12 - Ministério da Saúde (BR). Portaria Interministerial Nº 285, de 24 de março de 2015. Redefine o Programa de certificação de Hospitais de Ensino. Diário Oficial União. 25 mar 2015 [citado em 5 nov 2015]. Available in: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2015/prt0285_24_03_2015.html

13 - Resolução CNE/CES n. 3, de 07 de novembro de 2001. Diário Oficial União. 9 nov 2001 [citado em 10 nov 2015]. Available in: http://www.cofen.gov.br/resoluo-cne-ces-n-3-de-7-de-novembro-de-2001-diretrizes-nacionais-curso-graduaao-enfermagem_6933.html

14 - Governo do Estado de Santa Catarina, Universidade do Estado de Santa Catarina, Pró-Reitoria de Extensão, Cultura e Comunidade. Catálogo de extensão UDESC 2016. 2016 [citado em 10 nov 2015]. Available in: http://www.udesc.br/arquivos/udesc/documento_s/Cat_logo_de_Extens_o_2016_1482175304438.pdf

15 - Ministério da Saúde (BR). Portaria GM/MS Nº 1.996, de 20 de agosto de 2007. Dispõe sobre as diretrizes para implementação da Política

Nacional de Educação Permanente em Saúde e dá outras providências. Diário Oficial União. 22 ago 2007 [citado em 20 maio 2015]. Available in: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2007/prt1996_20_08_2007.html

16 - Freire P. Conscientização: teoria e prática da libertação: uma introdução ao pensamento de Paulo Freire. São Paulo: Centauro; 2001.

17 - Freire P. Pedagogia do oprimido. 60a ed. Rio de Janeiro: Paz e Terra; 2016.

18 - Hospital Regional do Oeste. Relatório anual de estatística. Chapecó: Santa Catarina; 2014.

19 - Ministério da Saúde (BR), Fundação Oswaldo Cruz, Agência Nacional de Vigilância Sanitária. Documento de referência para o Programa Nacional de Segurança do Paciente. Brasília (DF): Ministério da Saúde; 2014 [citado em 10 jan 2017]. Available in: http://bvsms.saude.gov.br/bvs/publicacoes/documento_referencia_programa_nacional_seguranca.pdf

20 - Conselho Federal de Enfermagem. Resolução COFEN-358/2009. Dispõe sobre a Sistematização da Assistência de Enfermagem e a implementação do Processo de Enfermagem em ambientes, públicos ou privados, em que ocorre o cuidado profissional de Enfermagem, e dá outras providências. Brasília (DF): COFEn; 2009 [citado em 10 nov 2015]. Available in: http://www.cofen.gov.br/resoluo-cofen-3582009_4384.html

21 - Ministério da Saúde (BR). Portaria Interministerial Nº 285, de 24 de março de 2015. Redefine o Programa de Certificação de Hospitais de Ensino (HE). Brasília (DF); 2015 [citado em 10 nov 2015]. Available in: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2015/prt0285_24_03_2015.html

22 - Vendruscolo C, Prado ML, Kleba ME. Formação de recursos humanos em saúde no Brasil: uma revisão integrativa. Educ Rev. 2014;30(1):215-44.

<https://doi.org/10.1590/S0102-46982014000100009>

23 - Freitas CM, Freitas CASL, Parente JRF, Vasconcelos MIO, Lima GK, Mesquita KO et al. Uso de metodologias ativas de aprendizagem para a educação na saúde: análise da produção científica. Trab Educ Saúde. 2015;13(supl. 2):117-13. <https://doi.org/10.1590/1981-7746-sip00081>

Note: Report from the Extension Program: Training for Nursing professionals in Hospital Attention in Permanent Education. Chapecó-SC: State University of Santa Catarina; developed from 2014-2016.

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