

Original Article

University's contributions to continuing health education: paths taken*

Contributos da universidade para a educação permanente em saúde: caminhos percorridos

Contribución de las universidades a la educación continua en salud: caminos recorridos

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Abstract

Objective: to describe the University's participation in strengthening Continuing Health Education (CHE), by contributing to the planning of the actions of the Teaching-Service Integration Committee (CIES). **Methodology:** methodological research. It involved stakeholders from management, teaching, social control and care, members of a Regional CIES, in Santa Catarina. Stakeholders from the University designed a planning workshop in 2022. A questionnaire was administered on demands for CHE management. A total of 27 answers were obtained, organized into analytical categories. The Workshop also offered subsidies for the preparation of the Regional Action Plan for CHE. **Results:** there was significant participation of the academic community in the Committee, through teaching, research and extension activities, which strengthen the Policy and contributed to regional planning. Efforts are needed to qualify the teams, with the University being a partner, with methodologies focused on surveying and resolving demands. **Conclusion:** the University contributes to the complexity and power of CHE.

Descriptors: Education, Continuing; Public Policy; Knowledge Management; Teaching Care Integration Services; Staff Development

Resumo

Objetivo: descrever a participação da Universidade no fortalecimento Educação Permanente em Saúde (EPS), ao contribuir com o planejamento das ações da Comissão de Integração Ensino-Serviço (CIES). **Método:** pesquisa metodológica. Envolveu atores da gestão, ensino, controle social e atenção, integrantes de uma CIES Regional, em Santa Catarina. Atores da Universidade arquitetaram uma Oficina de planejamento em 2022. Foi aplicado um questionário sobre demandas para a gestão da EPS. Obteve-se 27

respostas, organizadas em categorias analíticas. A Oficina também ofereceu subsídios para a elaboração do Plano de Ações Regionais para a EPS. **Resultados:** observou-se expressiva participação da comunidade acadêmica na Comissão, mediante atividades de ensino, pesquisa e extensão, que fortalecem a Política e contribuíram para o planejamento regional. Necessários esforços para qualificar as equipes, sendo a Universidade parceira, com metodologias para levantamento e resolução das demandas. **Conclusão:** a Universidade contribui com a complexidade e potência da EPS.

Descritores: Educação Continuada; Política Pública; Gestão do Conhecimento; Serviços de Integração Docente-Assistencial; Desenvolvimento de Pessoal

Resumen

Objetivo: describir la participación de la Universidad en el fortalecimiento de la Educación Continua en Salud (ECS), contribuyendo a la planificación de las acciones de la Comisión de Integración Enseñanza-Servicio (CIES). **Metodología:** investigación metodológica. Esto involucró actores de la gestión, la enseñanza, el control social y la atención, miembros de un CIES Regional, en Santa Catarina. Actores de la Universidad diseñaron un taller de planificación en 2022. Se aplicó un cuestionario sobre demandas para la gestión de la ECS. Se obtuvieron 27 respuestas, organizadas en categorías analíticas. El Taller también ofreció subsidios para la elaboración del Plan de Acción Regional de la ECS. **Resultados:** hubo una importante participación de la comunidad académica en la Comisión, a través de actividades de docencia, investigación y extensión, que fortalecen la Política y han contribuido a la planificación regional. Se necesitan esfuerzos para capacitar a los equipos, siendo la Universidad una compañera, con metodologías de recopilación y resolución de demandas. **Conclusión:** la Universidad contribuye a la complejidad y la potencia de la ECS.

Descriptores: Educación Continua; Política Pública; Gestión del Conocimiento; Servicios de Integración Docente Asistencial; Desarrollo de Personal

Introduction

Continuing Health Education (CHE), implemented through a Policy in Brazil, is underpinned by the pedagogical assumptions established by the Pan American Health Organization (PAHO) and the World Health Organization (WHO), in the 1980s. They provide for meaningful learning, by addressing significant issues for those involved, full-time protagonists. The National Policy for Continuing Health Education (PNEPS, as per its Portuguese acronym) focuses on reorganizing practices, since it implies changes in the daily work of health teams, acting in the face of the everyday barriers and the specific needs of workers. With such outlines and in a way that is disharmonious to hierarchical in-service training, it is supported by the critical, reflective and problematizing pedagogical principle.¹⁻²

At a global level, one of the important advances in recognized continuing education has occurred in recent years, with the development of the results-based learning model of the

American Nurses Credentialing Center. This model conducts the educational process entirely for the student, with guidance from a planning nurse. The results have to do with the student's ability to share knowledge, uniting theory and practice, through demonstration, integration with practice and, above all, evaluating the impact on practice. The model illustrates the importance of evolving from a more passive state, thus retaining knowledge, in order to achieve an effective collaborative performance.²⁻³

Nursing professionals need to be up to date on the latest methods and best practices for developing, delivering and evaluating continuing education needs. Internationally, competency-based programs of this nature are based on the principles of adult learning and contribute towards a culture of autonomy and empowerment.³ In this study, it was chosen to refer to the term as CHE, in view of the theoretical-philosophical assumptions that permeate the aforementioned Policy, based on significant learning, carried out in daily work.^{1,4}

In Brazil, with the transition to the Health Care Networks (HCN) model, the need to qualify, within the scope of different Brazilian locations and territories, health professionals in Primary Health Care (PHC) emerges, with a view to complying with the principles and guidelines that guide the Brazilian Unified Health System (SUS, as per its Portuguese acronym).¹

In this context, CHE initiatives aimed at changes in "pre-service" training are justified (Education through Work Program – *Pet-saúde*; Program of Reorientation of Professional Training in Health – *Pró Saúde*; Experiences and Internships in the Reality of the Unified Health System Health – VER-SUS (as per its Portuguese acronym); and National Curricular Guidelines – DCN, (as per its Portuguese acronym) and aimed at workers already included in the "in-service" System (Residencies, "Mais Médicos" Program, Paideia Method, Matrixing, Continuing Education Policy, Humanization Policy). In the logic of "in-service" training, Professional Master's Degrees (PM) are also configured as devices for reorienting training (in this case, at postgraduate level), potentially committed to the qualification of health-producing individuals, in the context of work.¹

Focusing on the idea of promoting the continuing training of professionals working in health services, in order to improve the professionals' skills and facilitate the resolution of everyday problems, it was understood that CHE movements could be possible paths, due to the possibility of using resources allocated for in-service training. Thus, in 2003, the approximation of the Brazilian Ministry of Health (MS, as per its Portuguese acronym) and the Brazilian Ministry of Education (MEC, as per its Portuguese acronym) gave rise to the Department of Health Education

Management (DEGES, as per its Portuguese acronym) articulated with the Secretariat of Work Management and Health Education (SGTES, as per its Portuguese acronym), and then the National Policy on Continuing Health Education (PNEPS, as per its Portuguese acronym) was established. As a result, several programs for structuring and strengthening the process of training and developing human resources in the health sector were developed.¹

The last Ordinance/MS regarding PNEPS recommended the creation of continuing Teaching-Service Integration Commissions (CIES, as per its Portuguese acronym). These bodies promote the implementation of the Policy at the regional level. This becomes possible with the development of Regional Action Plans for Continuing Health Education (PAREPS, as per its Portuguese acronym) in line with municipal and state health plans. It is prescribed that CIES be structured with the participation of health managers, education managers, SUS workers, educational institutions with courses in the health area and social movements linked to the management of public health policies and social control in the SUS.^{1,4}

In 2017, the Program for Strengthening Continuing Education Practices in Health (PRO EPS-SUS, as per its Portuguese acronym) provided an opportunity to resume discussions about PNEPS in different Brazilian spaces. The purpose of the Program is to stimulate, monitor and strengthen the professional qualification of health professionals to transform practices, towards meeting the principles and guidelines of the SUS, based on the local reality and the collective analysis of work processes. The guidelines for adherence to PRO EPS-SUS were established in Ordinance No. 3,194, of November 2017 and included the collaboration of CIES, as States and the Federal District received financial incentives for the preparation of State Plans for Continuing Health Education (PEEPS).^{1,5}

The State of Santa Catarina, in compliance with the Regionalization Master Plan (PDR) and Ordinance nº 1,996/07, developed a process of recomposition of CIES, taking into account the construction already developed, based on the Continuing Education Centers, structured based on 2004, as processes oriented towards the objectives of PNEPS. Accordingly, the Commissions were reorganized, counting on remaining members from the hubs, currently recognizing 17 CIES, organized around the 17 Regional Intermanager Commissions (CIR, as per its Portuguese acronym), implemented in the process of decentralized reorientation of the collegiate management of SUS, as recommended by the Pact for Health.^{4,6}

Since 2008, the CIES of the West Region of Santa Catarina (SC) has had a

coordinator/articulator, members representing the four segments (management, teaching, social control and care) from each of the 27 municipalities that make up the region, as well as representatives of non-governmental organizations, Universities with courses in the health area, association of municipalities, health management and social control.⁶

Considering that training for SUS is a constitutional prerogative and, therefore, must take place in health practice and production scenarios, the theoretical construct that guides this research is teaching-service-community integration.¹ It is believed that this effective interaction between the segments that are part of training for SUS produces commitment in those involved, based on bonding and accountability relationships between managers of educational institutions and health services, with the participation of educators, students, users and HCN professionals, thus guaranteeing the qualification of health care. Based on this contextualization and prerogatives, the objective is to describe the University's participation in strengthening CHE, by contributing to the planning of CIES actions.

Methodology

Methodological Research, carried out from five adapted stages: exploratory - situation diagnosis; construction and application of a technology; evaluation of technology by experts on the topic; advertising and socialization of the product. This study deals with the exploratory stages and part of the action for the construction of educational technologies (first and second stages), carried out in the West Region of SC, which covers 27 municipalities, involving stakeholders representing management, teaching, social control and care, which are part of the Regional CIES.

Educational technologies are relevant, as they are capable of generating information that adds knowledge to those involved, and can be configured in materials such as booklets, e-books, manuals, folders, among others.¹ It is designated as educational technology, both the action for the development of fruits, which was a Workshop, and the products generated later, which will not be the objects of this study.

It is worth clarifying that the representatives of health and education managers, SUS workers, training institutions and social control – training quadrangle⁸ – that make up the West Health Region of the State of SC take part in CIES. The articulation of the West SC CIES is carried out by a representative of the Health Management of Chapecó, a municipality considered a hub in the Region.

During the CIES monthly assemblies, CHE demands are discussed, plans for future initiatives are drawn up and actions under development are evaluated. Most actions are currently developed in partnership with educational institutions.

Subsequently, the discussions are taken to CIR so that the referrals can then be approved, as decided by local health managers. In these spaces, a diagnosis of the situation was prepared, which consisted, among others, of the Commission's need to prepare the new PAREPS, and the construction of educational technologies was planned to meet these demands, one of which was the Workshop to prepare PAREPS.

Following this organization, in view of the idealization of the Workshop for the preparation of the 2023-2026 PAREPS, Universities that take part in CIES, at regional and state level, collaborated with CHE projects and actions in the Region. The State University of Santa Catarina (UDESC, as per its Portuguese acronym) was responsible for designing this Workshop, which was held in September 2022, in two meetings with the quadrangle members, totaling 100 people invited to participate. On average, 30 people participated in each meeting. Although the invitation was made by the Health Management, through CIES and CIR, there is normally low adherence, due to the distance from the municipalities, sometimes the lack of a driver, among other reasons.

Around 30 people participated in the first meeting and, in addition to following the schedule, which involved conferences, a semi-structured questionnaire was administered, whose questions, previously tested and aligned by the researchers, dealt with the demands of the stakeholders to operate in CHE. This was made available on Google Forms and received 27 respondents – some participants left the event before it ended, due to the transportation to the city of origin. In addition to questions about the demands of the components of the Regional CIES, in order to manage CHE in their municipalities, the questionnaire also contained elements that were the basis for adapting the second day of the Workshop and that helped the other stages of this research.

The questionnaire answers were organized into analytical categories, based on the occurrence and similarity of emerging demands in the answers.¹¹ Based on these data, an E-book was also planned and subsequently structured, which aims to support activities on the topics proposed by the CIES members.

In a second moment, the participants were divided into working groups, mediated by assistants, where demands that emerged in the questionnaires were problematized. At the end,

a plenary session was held, and then the demands considered priority were compiled, in order to later generate PAREPS and the e-book. The conversations between the participants were conducted by the event facilitators, including the main researcher, a nurse student of the Professional Master's Degree in Nursing trained at UDESC in PHCU.

The Workshop was structured according to a project, prepared in accordance with the model proposed by the CIES West Technical Committee. The development of the Workshop, as an educational technology, was linked to macro-research, approved by the UDESC Ethics and Research Committee, under opinion nº 2.380.748/2017, CAAE 79506717.6.0000.0118. The proposal was also linked to a University extension project, signaling the teaching-service-community articulation. Participants received information on the study, explaining its nature and objectives and being invited to read and sign the Free and Informed Consent Form. In this document, identity confidentiality was guaranteed in the publication of research results, and all other recommended ethical precautions were guaranteed.

Results

Main demands of professionals: highlights of CHE

The "Workshop for the preparation of the Regional Action Plan for Continuing Health Education -2023-2026 PAREPS" had a workload of 24 class hours (16 hours in person and eight hours of dispersion). During the dispersion, participants should map the CHE demands in their municipalities of origin, so that, on the second day of work, these could be problematized, and then, in plenary, priorities that would make up the Regional PAREPS could be defined for the next four years, namely: 2023 - 2026. The 16 hours in person took place in two meetings in the auditorium of the UDESC Department of Nursing. An average of 30 stakeholders involved with CHE processes participated in the event, in the 27 municipalities that make up the West SC CIES, most of them nurses, representatives of the management and care segments (SUS workers). The teaching and social control segments were less represented, with around ten participants in the first segment and three in the second, in both meetings.

There were exchanges of experiences regarding the CHE actions that have been carried out in the Region, through a debated methodology led by a facilitator/master's student. The

discussion provided an opportunity for the present debates to arise from the triggering topic, namely: the CHE profile and demands in the Region.

During the Workshop, participants brought topics, previously discussed with the health teams (moment of dispersion) and, in a dialogical format, distributed in working groups, analyzed the regional demands for CHE and which would be prioritized by the group. Discussions were held in the working groups, facilitated by other master's students, and, after, in plenary, the facilitator introduced the methodological and logistical demands and possibilities to carry out each of them.

Based on this, the Action Plan, or "PAREPS", was prepared with ten priority actions and five more, which could be made viable, if there is time and resources, between 2023 and 2026. The Plan was subsequently approved in an ordinary assembly in West SC CIES and, throughout 2023, it continued to be discussed and worked on by the CIES West Technical Committee, in order to define the actions, those responsible and deadlines. Among the main demands identified by professionals regarding the urgency of support for the work of health teams, continuing education actions stand out, such as: training/updating in dressings and immunization; comprehensive care for the child's health; study groups on mental health in PHC; workshops on worker's health and the work process in PHC; and training of teams to care for informal caregivers (palliative treatment and others), development of skills in management of health services, including mastery of information systems.

The initiatives formed an evaluation matrix, which feeds the CHE Observatory, located on the University website. For each of them, those responsible, scheduling, destinations of resources, partnerships, responsible educational institution, among others, are listed.

University as a partner: highlights of teaching-service integration

On the first day of work, the questionnaire was also administered, the answers to which added basic elements for the discussions on the second day, such as: demands for CHE management in municipalities and pedagogical training for PHC workers. Among the main actions for CHE management, there was a need for a conceptual recovery on the topic and methodological tools for its implementation. The stakeholders raised doubts in relation to the structuring of the Centers for Continuing Health Education and Humanization (NEPSHU, as per its Portuguese

acronym) in terms of teaching methodologies, among others. These resulted in the idea and subsequent structuring of the e-book, which could also support the Regional CIES activities.

The answers in relation to the questionnaire and participation in the Workshop make clear the significant participation of the academic community in the Committee, through teaching, research and extension activities, since most actions were requested from UDESC and other regional training institutions, many of which can be linked to existing projects, especially the Professional Master's in Nursing from UDESC. This highlights teaching-service integration as a fruitful model for improving health training and practices and also the intense participation of nursing in these movements.

Discussion

The University's main contributions to CHE in the Region highlight the constant need for conceptual recovery on the topic and the collaboration of teaching (University) in the development of methodological tools and technologies for its implementation. Given the doubts and interest of municipalities in structuring NEPSHU, on teaching methodologies, among others, the support offered by the University for discussions on CHE in the State of SC became evident, especially with the implementation of educational technologies aligned with the CHE perspective.

In Santa Catarina, in 2012 and 2013, there was a strengthening of movements for the creation and implementation of NEPSHU, in order to consolidate the integration of CHE and humanization policies at the municipal level. Thus, the organization and implementation of actions by the Regional CIES was strengthened, as expressed by works by local researchers.¹²⁻¹³ NEPSHU is an ideal space for studying and implementing PNEPS. It is a collegial management body, with the purpose of preparing, planning, supporting and executing, in a structured manner, proposals for actions aimed at health and the training of SUS professionals, in line with the Policy.¹²

University's participation, representing the teaching segment, especially due to the participation of nursing teachers and master's students, has been significant when the topic is CHE. Professional Master's Degree courses can constitute a useful strategy in promoting the tasks of health professions, given their importance in services, whether in management, assistance or pedagogical processes, including health education and continuing education activities, as well as investigation/research. The identity of Professional Master's Degrees is not established exclusively by their thematic area, but by the challenge of integrating research into their

development process, through rigor and applicability of results to transform reality. This challenge converges with the University's vocation, in order to promote efficient studies and analyses, address socio-environmental problems in the territory and propose scientific and technical solutions.¹

In practically all participating municipalities, there was a nurse representing the care/work segment, within the scope of the training quadrangle. Furthermore, among the CHE demands that emerged in the work groups, some involve strictly the work of nurses and nursing in PHC, such as immunization practices and consultation. This professional moves efficiently within PHC, getting closer to the user and also to other professions that operate in the health teams. This gives the work process the characteristic of collaboration, guided by the assumptions of interprofessional education.^{3,14-15} On the other hand, the participation of social control remains timid, where a considerable part of the representatives of this segment were also nurses who were members of the Municipal Health Councils, which represents a reality that is repeated in other regions of the country.¹⁶

The integration among health, education and work in the health sector has been mobilizing stakeholders and institutions with the purpose of rethinking professional training and performance in the production of health care. This discussion took place in Brazil, still in the Federal Constitution, which is configured as a landmark, through the prerogative that the SUS is responsible for ordering the training of human resources in the health area.¹ Studies in a scoping review reflect that continuing education can help professionals to maintain and further develop their knowledge and skills, in order to adapt to the changing setting of public health.¹⁷

CHE in PHC seeks to guarantee the basic principles of SUS, as it is a scenario of collective construction, where different stakeholders are involved in health care, including users. Accordingly, PHC is a powerful space for the development of CHE, when faced with more complex actions and articulating promotion, prevention, treatment, rehabilitation and reception, in addition to organizing HCN services.¹⁸ Regarding the path of PNEPS and the unique construction of the conception of CHE in Brazil, authors¹⁸⁻²⁰ state that the lack of mastery of the Policy ends up portraying CHE linked to unsystematic, discontinuous and technical-based moments, disjointed from the work process. This brings them closer to the characteristics of continuing education, focused on fragmented, verticalized and detached techniques from professional practice. This characteristic is highlighted when observing the demands of the West Region.

Regarding the differences between the terms “CHE” and “continuing education”, studies explain continuing education as a process that includes teaching actions after professional training, with a view to updating performance, with specific activities and pre-defined content, using traditional methodologies. This is a more verticalized teaching, which follows ascending demands and is not directly responsible for the qualification of the work process, as it focuses on updating the health professional's individual knowledge. However, for researchers on the topic,⁸ CHE may correspond to the concept of continuing education or formal education of professionals, depending on its intentionality and implementation. This is appropriate as long as the in-service education proposal and the courses promoted aim to stimulate changes (institutional or action orientation).

It is argued that these needs do not exclude the possibility of working on the demands, based on cooperative and problematizing movements, which characterize CHE. In order to achieve this, one must not lose sight of the fact that an educational activity is guided by the transformation of stakeholders and reality, thus promoting the horizontality of relationships between those involved, who talks about new ways of doing health and education and produce fruitful relationships of cooperation in the worlds of work and health education.²¹ From a counter-hegemonic health perspective, which includes critical and emancipatory training, CHE can assume a predominantly technical nature, which involves effective changes in the intellectual and moral direction in health organizations, which generates contradiction and dialectics.²² Therefore, there is a need to reflect on the appropriation of collective spaces, which provide opportunities for the exchange of experiences, with more flexible planning and that actually promote the incorporation of CHE into daily work and the production of care.²⁰

The education demands signaled in the West CIES continue to reveal a preventive ideology, as in previous PAREPS²¹ focused on individuals (and groups) actions with a banking tendency, according to Freire.²³ This can be observed, for example, in the demands for training in terms of immunization and dressings. Some reflect complex problems of daily work in PHC, such as those focused on service management or the use of information systems, which requires skills and collaboration between health professionals, in the logic of interprofessionality, so that they provide the transformation of health promotion dynamics.^{2, 14-15,24} Furthermore, the rapprochement between theory and practice reorients teaching and work, when it contributes to the agent being able to act (do) and reflect (think about action) based on reality. These are the

conditions that express the human being as a subject of praxis.²³

With this, it is reaffirmed that teaching-service integration is fundamental for CHE, included in the scope of initiatives to reorient training and management, through PNEPS. Although this Policy is not implemented through CIES in many States, it mobilizes and strengthens formal teaching initiatives and care practices, thus complying with the SUS guidelines. The teaching-work intersection calls the University into SUS, in order to led it to engage with the training process, thus creating a network that operates in both worlds (in health work/service and teaching/education).^{1,25}

Popular participation through the representation of social control in CIES is still timid in the scenario in question. The population is not effectively involved in the teaching-service-management-community integration, remaining apart from the educational process. CIES representatives in are commonly workers who participate in the Municipal Health Council, representing the care/work segment. The participation of users in decision-making bodies in the health area is a right guaranteed by law in Brazil, based on what is called social control, exercised, above all, in management councils.²⁶ The SUS user is the citizen who actually uses the service. Therefore, any representative of one side of the “quadrangle” could be a “double representative”, but this should be avoided, with a view to guaranteeing and respecting the doctrinal principle of the law.²⁰

In this challenging interim, which is the health education process, teaching has an emphasis on the training and professional development of health workers, especially nursing professionals, instigating new profiles of SUS workers, which are based on criticality, dialogicity and engagement. Legislation and ministerial proposals have been implemented with a focus on public health education. Conversely, there is a need to consolidate these conditions, raising awareness among management and training bodies so that this social commitment is highlighted.²⁷

Currently, there are a series of projects, operations and services under development to boost Continuing Education and its practice.²³ Therefore, there is a need to revisit the philosophical assumptions that guide this “powerful idea” that is CHE, remembering that the process of transforming practice is not something that can be achieved immediately and that the movement of reflection on what has been accomplished requires the trust on the part of stakeholders, so that everyone assumes himself/herself as a protagonist.²⁶ In this sense, CHE is a

learning strategy in the workplace, which links learning and teaching in everyday life, promoting improvement in practice, when supporting the rethinking of actions. These encourage participation in decision-making among health workers, with support from management and effective participation from teaching and the community in general.^{1,28-29}

The collaborative movement, developed in this study, also highlighted CIES and CIR as important instances for managerial practice,²³ since these spaces encourage the protagonism of managers and workers in the face of deliberative health demands. As deliberative bodies, CIR are spaces that strengthen municipal autonomy without undoing interinstitutional co-responsibilities. With such outlines, they are configured as a place of regional governance for conflict resolution, in addition to decision-making and the protagonist exercise of local management, which reaffirms the importance of maintaining these spaces as part of the materialization of the constructed guidelines.^{21,29}

As a contribution to the study, it was found that teaching-service-community integration has been consolidating in West Santa Catarina, by valuing the stakeholders involved in the process (teachers, students, professionals, preceptors, managers and users), towards improving quality of the production of health care and attention. However, the limit is the analysis based on one action, since other important movements may unveil different experiences to be analyzed.

Conclusion

The University's participation generates and strengthens CHE, especially through teaching-service-community integration, a pedagogical proposal that still proves to be effective in terms of meeting excellence in health training and practices. The Workshop, as well as its consequences (E- book and PAREPS), represents one of the University's contributions to strengthening CHE, through participation in CIES.

In the studied region, other movements promoted by the University, such as the Professional Master's Degree course, have also impacted CHE of PHC professionals. Postgraduate Nursing offers support for discussions on the topic in the State, as well as for the production of educational, management and care technologies.

In this process, the significant participation of nursing in CHE movements stands out, as well as the lack of representation of social control, which makes us think that new means of stimulating effective social control in this area are needed.

The importance of dialogicity is also highlighted, promoted by the meeting of the stakeholders involved in the CHE quadrangle. Spaces of this nature corroborate the mapping of successful experiences and health demands, thus articulating new forms of health production and translating the complexity and power of continuing education movements, both for the service and for the University.

Therefore, there is a need to continuously encourage the support of stakeholders and the institutions they represent, in order to create spaces that favor training and continuing education, with the appropriation and monitoring of CIES.

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