COLLECTIVE CONSTRUCTIONS IN MEDICAL FORMATION ON HEALTH PLANNING

CONSTRUÇÕES COLETIVAS NA FORMAÇÃO MÉDICA SOBRE PLANEJAMENTO EM SAÚDE

CONSTRUCCIONES COLECTIVAS EN EDUCACIÓN MÉDICA SOBRE PLANIFICACIÓN EN SALUD

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ABSTRACT: The goal was to report a medical formative experience on health planning in a state public institution of higher education. The discipline was offered in the fourth semester of the Medicine Course to 36 students. Based on a dialogue-based class there was a combination of traditional teaching and active learning methodologies, as well as a technical visit to areas of planning and practical activity in health services. Google Classroom was used for communication, sending materials, posting activities, and feedback. The activities developed stimulated collaboration and the active role in learning, in addition to promoting an approximation of the context experienced by managers within the scope of the National Health System. Situational strategic planning and the importance of dialogical practice in proposing actions were highlighted. This experience provided support for approaching health planning in medical formation, offering bases for the application of planning as a management too.

KEYWORDS: Education higher. Education medical. Health planning. Unified health system.

RESUMO: *Objetivou-se relatar uma experiência de formação médica sobre planejamento em saúde em uma instituição pública estadual de ensino superior. A disciplina foi ofertada no 4º semestre do Curso de Medicina para 36 estudantes. Houve combinação do ensino tradicional a partir da exposição dialogada com as metodologias ativas de aprendizagem, além de visita técnica a instâncias de planejamento e atividade prática em serviços de saúde. O Google Classroom foi utilizado para comunicação, envio de materiais, postagem de*

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atividades e feedback. As atividades desenvolvidas estimularam a colaboração e o papel ativo na aprendizagem, além de promoverem uma aproximação do contexto vivenciado pelos gestores no âmbito do Sistema Único de Saúde. Enfatizou-se o planejamento estratégico situacional e na importância da prática dialógica na proposição de ações. Esta experiência forneceu subsídios para abordagem do planejamento em saúde na formação médica, oferecendo bases para aplicação do planejamento como ferramenta de gestão.

***PALAVRAS-CHAVE**: Educação superior. Educação médica. Planejamento em saúde. Sistema único de saúde.*

***RESUMEN**: El objetivo fue reportar experiencia de capacitación médica en planificación en salud en institución pública estatal de educación superior. Disciplina ofrecida en el cuarto semestre del Curso de Medicina a 36 estudiantes. Hubo combinación de enseñanza tradicional, basada en diálogo, con metodologías de aprendizaje activo, y visita técnica a instancias de planificación y actividad práctica en servicios de salud. El Google Classroom se utilizó para comunicación, envío de materiales, publicación de actividades y comentarios. Las actividades desarrolladas estimularon la colaboración y el papel activo en el aprendizaje, además de promover aproximación del campo experimentado por gerentes en el contexto del Sistema Único de Salud. Se señalaron la planificación situacional estratégica y la importancia de la práctica dialógica en la propuesta de acciones. La experiencia proporcionó subsidios para abordar la planificación en salud en la educación médica, ofreciéndose bases para aplicarla como herramienta de gestión.*

***PALABRAS CLAVE**: Educación superior. Educación médica. Planificación en salud. Sistema único de salud.*

Introduction

The 1988 constitution established the legal foundations for a free health care system for the entire population of Brazil, the Unified Health System (SUS, Portuguese initials). With it, new paradigms permeate the principles and guidelines that begin to guide the conduct of this important service sector in the country (FUNGHETTO *et al.,* 2015).

As a result, there is a need to start the formation of professionals, aligned with these new paradigms, capable of understanding the complexity of SUS and, consequently, of implementing creatively, actions to improve the quality of this system, contemplating, in addition to technical-scientific knowledge, the production of subjectivity (SILVA *et al.,* 2015; BRASIL, 2003).

The complexity of SUS requires the planning of its activities to ensure a good management of the resources, human and material, available (LACERDA *et al*., 2013). Two approaches to health planning can be distinguished: the normative and the strategic.

Normative planning assigns to the higher authorities the power to plan health policy for a given reality, characterized by a vertical approach. It conceives professionals and users of the system as mere executors of what they are told to do. As expected, this form of planning proved to be inefficient in SUS, as individuals who experience the local reality do not identify with the health policy implicit in this planning (GIL; LUIZ; GIL, 2016).

In turn, strategic planning comprises health in its social dimension and, consequently, brings to its discussion, contextualized in a given local reality, all the social actors inserted in it. Thus, strategic planning can diagnose the health situation and propose actions to improve it (FENILI; CORREA; BARBOSA, 2017). Strategic planning, unlike the normative, has been shown to be a good tool for the efficient management of SUS, as it prioritizes the participation of different social actors in the search for the improvement of the health service, in accordance with SUS principles and guidelines (JUNGES; BARBIANI; ZOBOLI, 2015).

Material and methods

A descriptive study, of the experience report type, was carried out, concerning teaching and learning during the discipline Health Planning, belonging to the curricular matrix of the fourth semester of the Medical Course at the State University of Ceará. The Course was created in 2002 and its mission is to promote health in the scenario of Ceará, individually and collectively, based on scientific, ethical and humanistic medical formation. The Collective Health axis is part of the curriculum of that Course and consists of the disciplines: Introduction to Interprofessional Formation for SUS; Health education; Social Sciences; Epidemiology; Public Health Policies; Health Planning; Health Information and Evaluation.

The Health Planning discipline aims to approach planning as a technology for health management in a perspective of articulation between instrumental rationality and subjective dimensions underlying health planning processes. It has a total workload of 68 hours, being conducted in 17 classes in the semester, lasting four hours each, making a total of four credits. It was offered from December 2019 to April 2020, weekly, on Thursday afternoons, by a multiprofessional team composed of five teachers and a general coordinator. The class consisted of 36 students. The programmatic content of the discipline was divided into two blocks, as described in Chart 1.

Chart 1 – Course syllabus

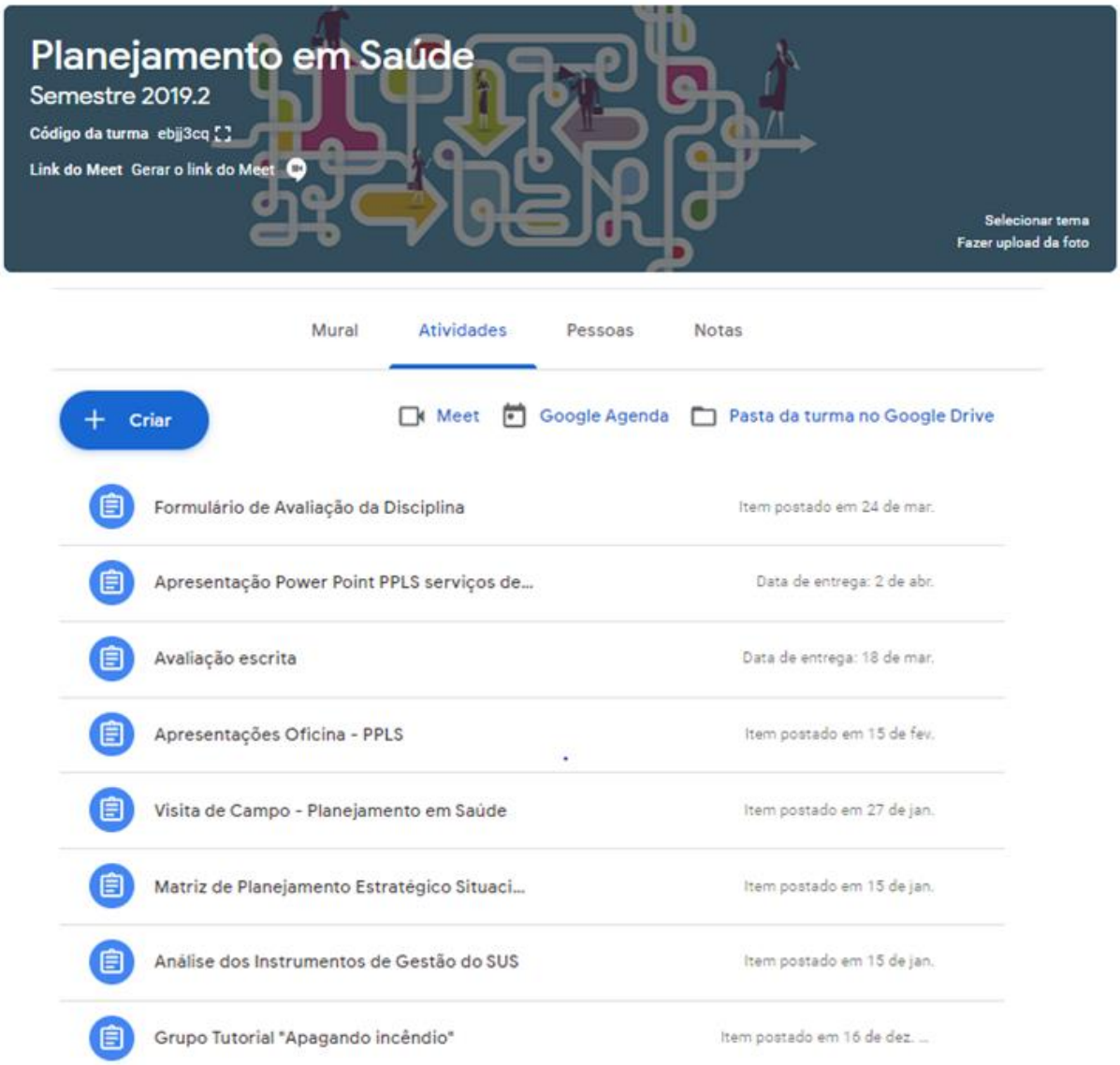
Units	Contents
Theoretical, conceptual and methodological aspects of health planning	✓ Planning as management technology: theoretical-conceptual and operational aspects; ✓ Health planning: historical and social evolution in Latin America and Brazil; ✓ Theoretical-methodological approaches to health planning in Brazil and dimensions of planning in the structure and organization of health services.
Health planning proposals and models	✓ Planning system in SUS: instrumental rationality and practical applicability; ✓ Health planning: proposals and models; ✓ Local Health Planning and Programming (PPLS); ✓ Access, supply and demand in health care: the planning process to meet the population's health needs.

Source: Health Planning Discipline Teaching Plan

Each class was divided into two moments: a) Dialogue exhibition on the theme of the day; b) Application of active methodology on the topic of the class. The didactic-pedagogical strategies applied during the course were: group dynamics and dialog and interactive exposition of the programmed contents; discussion and collectivization of group observations, carried out in the classroom; programmed reading based on the search for texts on the internet, as well as the printed texts indicated by the teachers; holding debates based on the tutorial group methodology and discussing problem situations related to health planning within the scope of SUS; training workshop on the Local Health Planning and Programming (PPLS, Portuguese initials) method; experience in health services with the application of the PPLS method with health professionals, with the construction of an experience report.

The resources used in the classroom were: marker, whiteboard, computer, datashow, speakers, videos, sheets of wood paper, cardboards, cards, brushes, printed scripts for the development of activities, academic texts, newspapers and magazines. A virtual room created in the Google Classroom was also created to share news, reading materials, teaching plans and slides for classes. In addition, this resource was used to receive activities, issue notes/feedback on activities, disseminate written and institutional assessments.

Figure 1 – Google Classroom main page and activity list



Source: *Google Classroom*

The assessment of the content learned during the course included individual and collective participation in the various stages of the teaching-learning process, focusing on attendance, punctuality, interest, commitment and responsibility, in addition to the following criteria: participation in activities recommended by teachers (group tutorial, field activity and workshop); grade obtained in the written test (essay/multiple choice); experience in health services with the application of a method to health professionals, with the construction of an experience report. The essay evaluation was applied online, using a form created in Google Forms.

At the end of the course, an assessment of student satisfaction was carried out through Google Forms, which consisted of objective and subjective questions in order to apprehend the students' perception of teaching and learning methods, teachers and the contribution for medical formation, in addition to capturing the positives, negatives and suggestions.

The completion of the course took place virtually from a meeting held on the Zoom platform. At this moment, a summary of the information captured by the assessment of student satisfaction (organized in the Microsoft Power Point Program) was presented and, afterwards, students were free to express additional opinions about the offered discipline.

Results and discussion

In the first class of the discipline there was a presentation on programmatic content to be worked on, the didactic-pedagogical strategies and the way of evaluating the students' performance. In addition, an inquire on the expectations and a pact to coexist were made. In the second moment, students were asked to complete a checklist on the competences present in the Curricular Guidelines of the Medical Course of 2014 related to health management and planning. Then, a script was delivered for the students to list their goals and life goals for the year 2020. Next, there was the presentation of the video "*Qual é a sua visão de futuro?*" (What is your vision for the future?) to debate the importance of planning in personal life, to achieve the goals. Finally, the class was divided into groups of three and asked to formulate two concepts related to health planning and planning, based on prior knowledge about this subject. Then each trio shared the concepts created with the class.

The strategies used in this introductory class were relevant to apprehend the students' prior knowledge about planning and to associate the discipline with the daily life of each one, in addition to promoting awareness of the importance of the subject worked in the discipline for future performance as a doctor.

Regarding this aspect, evidence points to the need for medical training to be guided by strategies that enable a greater approximation between what is taught and what is actually part of the daily life of health professionals in their fields of work, especially in the context SUS, providing opportunities to identify possibilities and challenges to be experienced in future medical practice (SANTOS JUNIOR *et al.,* 2019).

The second class started with the resumption of the concepts created in the previous class from a slide show. Then, a dialogue was held on the theme Historical evolution of health planning in Latin America and Brazil. In the second moment, an activity was developed based

on the Tutorial Group methodology. The class was divided into four groups and each was responsible for reading a problem situation related to problems, experienced in primary care and hospital care, which involved difficulties in the practice of planning as management tools. After reading, the group would have to complete each of the seven steps of the tutorial group's script: step 1 - Clarify new terms in the problem text; step 2 - Define the problem presented in the text; step 3 - Analyze the problem; step 4 - Systematize the analysis and hypotheses for explaining or solving the problem; step 5 - Formulate learning objectives; step 6 - Identify sources of information and acquire new knowledge individually; step 7 - Synthesize knowledge and review initial hypotheses for the problem. Each group had the task of consolidating the results achieved and organizing a slide presentation to be presented in the classroom in the subsequent class.

Figure 2 – Slideshows with the results of the tutorial group

Source: Author's archive

The tutorial group allowed students to experience, from an example within the scope of SUS, how it is to use planning in the performance of the health manager. In addition, the discussion of the notes of each group in the classroom allowed to stimulate collective reflection on problems in the health work process that could be circumvented if there was a planning culture in each of the proposed scenarios.

The teaching method known as Problem Based Learning uses tutorial groups to promote student learning through the development of a collaborative study in which students interact with each other to develop solutions to the problems presented to them, producing in

them social skills of argumentation, socialization, organization and learning autonomy, already preparing them for future events in the labor market (MARTINS; FALBO NETO; SILVA, 2018). Furthermore, in order to make good use of what has been studied, the tutorial groups are guided by tutors, who help them in solving the problem presented.

In the class on "Situational Strategic Planning (PES, Portuguese initials) in health: theoretical-conceptual and technical-operational aspects" there was initially a dialogue to present the central elements of PES and to address the difference between this type of planning and normative planning. After that moment, the class was divided into four groups and a clinical case was delivered to each group, this case presented problems experienced in the context of primary health care, such as: adherence to childcare; indiscriminate use of benzodiazepines; adherence to diabetes treatment; adherence to cervical cancer prevention. In addition to the cases, each group received a matrix to identify the four PES moments (explanatory moment, normative moment, strategic moment); and tactical-operational moment. Each group was asked to fill in the matrix to formulate an action plan to solve the problems listed in the cases. After this group time, the teachers received each case, issued an individual feedback that was sent via Google Classroom and presented in the following class a summary with the main mistakes made in filling the matrix. Among the mistakes made were: difficulties in prioritizing problems; lack of consistency between the information filled in at each moment; superficiality in presenting the causes of the main problem; incomplete identification of the deadline for operations; generic operations that did not solve the main problem listed.

This activity was important to fix the PES moments in a practical way and to train the writing of the key points of each one of these moments. The individual and collective feedback given by the teachers helped the whole class to identify the mistakes made and the necessary changes.

PBL has been applied in medical education since the 1960s, with its founder Howard Barrows. This method has as teaching methodology autonomous learning through the introduction of problems to students and the insertion of them in real situations so that they can solve the proposed problem (GOMES; BRITO; VARELA, 2016). In addition, the student-teacher interaction, even losing the old unidirectional character of knowledge, still exists, being the feedback of the teacher of great appreciation for the students' evolution, since it allows the correction of errors in the resolution and indication of possible paths to be taken (GOMES; BRITO; VARELA, 2016).

In the subsequent class, the content "PlanejaSUS: normative, instrumental and practical applicability" was worked on. In the same way as in the previous classes, it began with a dialogue with the objective of presenting the principles and normative guidelines of planning in SUS, as well as the main instruments of support for planning in SUS (Municipal Health Plan, Annual Health Program, Annual Management Report and Detailed Report of the Previous Quarter). This class was taught in the computer lab. In the second part of the class, the students were divided into pairs and had to perform an activity on the computer aimed at analyzing the structure of the main support instruments for planning in SUS. To this end, instructions were previously posted in the Google Classroom containing the Municipal Health Plan of Fortaleza-CE (2018-2021); the Annual Health Program of Fortaleza-CE (2018) and the Annual Management Report of Fortaleza-CE (2017). In addition to these instruments, an analysis guide composed of items with dichotomous "yes" or "no" answer options was posted. As each group delivered the completed script, the teachers issued feedback.

This activity was important to understand in practice how the management instruments are created and what is their basic structure. Bearing in mind that it is more and more common for physicians to undertake primary and hospital care management activities at the municipal level, it is important to know these instruments in practice. This makes it possible to view economic, demographic, epidemiological and health indicators at a closer level to the real, to understand how bottom-up planning is integrated in SUS and to reflect on the financial impact of available income and expenses, as well as actions to be performed for accountability.

In the class on Strategic Planning at the municipal and state level, students were divided into groups and had to carry out a field activity consisting of a technical visit to municipal and state planning bodies at the hospital level (Santa Casa de Misericórdia Hospital, Fortaleza General Hospital, São José Hospital for Infectious Diseases, Walter Cantídio University Hospital) and primary care (Regional Health Coordination). In this visit, the students would have to conduct an interview with key informants about how the planning occurred in that instance, which was guided by a script of questions. This script contained information on: Organizational structure of the planning sector; development of the planning process; restrictive and facilitating aspects of the planning process. In the subsequent class, each group reported the experience of the technical visit to the class.

This activity allowed students to develop a critical sense of the facilities and difficulties faced in planning at the municipal and state levels. From the analysis of the investigated planning instance, students made notes on the importance of teamwork and

integration for planning effectiveness, the distance between planned and effectively accomplished actions, as well as being able to experience the importance of planning to improve the quality of health care in the hospital environment.

The students observed that the ignorance and devaluation of the importance of planning for the good functioning of health services by members of the organization or institution, as well as the lack of understanding about the need for the participation of all professionals in management decisions, were mentioned as current obstacles for planning to be applied. In addition to these aspects, the conflicts of ideas and the lack of tools available for the execution of strategies were also reported as distancing factors for reaching a planning culture. An experience report on the application of health planning workshops in a medical course in Amazonas demonstrated the importance of working on this topic to train professionals able to recognize problems and create proposals for public health intervention (SILVA; RAMALHO; SOUZA, 2018).

In the three subsequent classes, a workshop was held to work in practice as the Local Health Planning and Programming (PPLS, Portuguese initials) is carried out, a model of action plan idealized by the Ministry of Health (2004) that is based on the moments of PES, which makes possible the systematization, identification and prioritization of problems, enabling the design and operationalization of strategic actions.

Initially, there was a dialogued exposition to present the five steps of the method: identification and formulation of the problem (worksheets 1A and 1B); prioritization of problems (spreadsheets 2A and 2B); explanation of problems (worksheet 3); definition of objectives, actions and feasibility analysis (spreadsheets 4 and 5); preparation of operative programming (spreadsheet 6); monitoring and evaluation of operative programming (spreadsheet 7). Then the class was divided into four groups in order to experience each of these moments in practice with the help of a mediating teacher. It was suggested that students analyze and choose at least one problem experienced in academic life for debate. Spreadsheets made of wood paper, cards and atomic brushes of different colors were used as resources in the workshop. At the end of the three days of discussion, each team would have to make a slide presentation on the results of the workshop.

The problems chosen by the groups to apply the steps of the PPLS were: difficulties in the management of the personal and academic activities of the students of the Medicine Course at UECE; lack of qualification to produce scientific papers by students of the UECE Medical Course; excessive workload of disciplines for medical students at UECE; incipience

of the pedagogical management of the UECE Medical Course. It was recommended that the students themselves be responsible for the actions idealized in the action plan.

Experiencing the moments of the PPLS allowed all students to act as important actors in the design of the action plan and made the classroom a place to give voice to the problems experienced in academic life, expanding the perspectives from different looks and placing the student in an active position in the proposed resolution of the identified problem. There were no conflicts in this process of designing the action plan, a fact that enabled a satisfactory collective construction of the action plan.

The application of PPLS in the management of intervention measures has been shown to be useful regarding organization and programming, allowing the elaboration of a line of activities in a satisfactory way. Uzêda *et al.* (2017) exemplifies the use of this planning methodology as an effective means of rationalizing the activities developed for the diagnosis and prevention of dengue, being essential for the success of the experiences of the students involved in the actions in conjunction with the Family Health Support Center (NASF). The integration of all social actors - students in the health field, professionals and the community - is fundamental for the engagement in the planning of intervention proposals, for the multidisciplinary approach and for the contemplation of the objectives foreseen by the PPLS.

After experiencing the PPLS moments in the classroom, students were offered an activity in the health services in which they would act as facilitators of the local planning process. The health scenarios were three Primary Health Care Units located in the urban area of Fortaleza-CE and a Psychosocial Care Center (CAPS, Portuguese initials). At that moment, professionals from the multiprofessional health team working in the referred services participated. At first, there was a meeting between the students and the multiprofessional teams under the supervision of the teachers, in order to identify and formulate the problems that would be addressed in the action plan to be created.

The initial idea was for students to mediate all the steps of the PPLS with the health teams over the course of two days and present an account of experience in the classroom. However, it was only possible to hold the first meeting, as the need for social isolation due to the COVID-19 pandemic prevented the activity from continuing. As an alternative, students were asked, from the mediated collective construction, at the first meeting to devise an action plan with actions that were within their governance. This activity was carried out online by the students and had as a final product a slide presentation.

The action plans created addressed the following themes: low community participation in the activities of the local council; break of link between health professionals and CAPS

users; high cases of anxiety and depression among the adult population, generally aged 40 or over, in the UAPS territory; and insufficiency of the UAPS waiting room.

The performance of students as facilitators promoted learning about conflict management, building consensus and the ability to collectively proposals to overcome problems. Thus, the experience of academics was of paramount importance for a future performance in the SUS scenario.

The possibility for students to experience moments of planning and programming in health, through practical experiences in the services that were involved throughout the discipline, guaranteed the realization of the teachings taught within the classroom. The teaching-service integration allows for a greater consolidation of the content and an expansion of its understanding within the context of collective health, a factor that contributes to a clearer elucidation of the application of management and organization concepts and plans in the life of the medical professional and the health care (CAVALCANTE *et al.,* 2017).

Although all activities sought a theoretical-practical incursion of planning in health management, in the final evaluation of the discipline, the students mentioned, as a suggestion, the need to approach planning in the exercise of medicine with more emphasis, in addition to carrying out more activities in health services. This suggestion may be related to the challenge of making the disciplines related to public health attractive to medical students, since there is a tendency to value disciplines aimed at medical specialties to the detriment of those that focus on the competence of the physician within the health system more comprehensively, with an emphasis on understanding the social, biological and environmental whole (CUSTÓDIO *et al.,* 2019).

Final considerations

The activities developed stimulated collaboration and the student's active role in learning, in addition to promoting an approximation of the context experienced by managers within the scope of the Unified Health System, based on the analysis of problems experienced in the scope of primary health care and at the hospital level. There was an emphasis on situational strategic planning and the importance of dialogical practice in proposing actions.

The students' suggestion, aimed at expanding the approach focused on the importance of planning in medical practice, points to the challenge of recognizing collective health education focused on the biopsychosocial being and the human relationships established in the work process.

The present experience report provides subsidies for approaching health planning in the formation of professionals to work in SUS, providing the basis for the application of planning as a management tool in both primary and hospital care.

REFERENCES

BRASIL. Ministério da Saúde. **Planejamento em saúde e práticas locais**. Rio de Janeiro, 2004. Unidade de aprendizagem 3: módulo 6.

BRASIL. Ministério da Saúde. **Política de formação e desenvolvimento para o SUS**: caminhos para a educação permanente em saúde. Brasília, DF, 2003.

BRASIL. Resolução CNE/CES n. 4, de 7 de novembro de 2001. Institui diretrizes curriculares nacionais do curso de graduação em medicina. 2001. **Diário Oficial [da] República Federativa do Brasil**: Seção 1, Brasília, DF: Poder Executivo, p. 38, 9 nov. 2001.

BRASIL. Resolução n. 3, de 20 de junho de 2014. Institui diretrizes curriculares nacionais do curso de graduação em medicina e dá outras providências. **Diário Oficial [da] República Federativa do Brasil**: Seção 1, Brasília, DF: Poder Executivo, p. 8-11, 23 jun. 2014.

CAVALCANTE, T. M. *et al*. Uma experiência de integração ensino, serviço e comunidade de alunos do curso de graduação em medicina na atenção básica no município de Maceió. **Revista Ciência Plural**, v. 3, n. 3, p. 69-80, 2017.

CUSTÓDIO, J. B. *et al*. Desafios associados à formação do médico em saúde coletiva no curso de medicina de uma universidade pública do Ceará. **Revista Brasileira de Educação Médica**, v. 43, n. 2, p. 114-121, 2019.

FENILI, R.; CORREA, C. E. G.; BARBOSA, L. Planejamento estratégico em saúde: ferramenta de gestão para o complexo de regulação em saúde. **Revista Eletrônica Gestão e Saúde**, v. 8, n. 1, p. 18-36, 2017. Available: https://dialnet.unirioja.es/servlet/articulo?codigo=5821299. Access: 22 June 2020.

FUNGHETTO, S. S. *et al*. Perfil profissional tendo o SUS como base das diretrizes curriculares da área da saúde no processo avaliativo. **Saúde em Redes**, v. 1, n. 3, p. 103-120, 2015.

GIL, C. R. R.; LUIZ, I. C.; GIL, M. C. R. **Gestão pública em saúde**: a importância do planejamento na gestão do SUS. São Luís: EDUFMA, 2016. Unidade 3.

GOMES, R. M.; BRITO, E.; VARELA, A. Intervenção na formação no ensino superior: a aprendizagem baseada em problemas (PBL). **Interacções**, v. 12, n. 42, p. 44-57, 2016.

JUNGES, J. R.; BARBIANI, R.; ZOBOLI, E. L. C. P. Planejamento estratégico como exigência ética para a equipe e a gestão local da atenção básica em saúde. **Interface - Comunicação, Saúde, Educação**, v. 19, n. 53, p. 265-274, 2015.

LACERDA, J. T. *et al*. **Planejamento em saúde**. 2. ed. Florianópolis: Universidade Federal de Santa Catarina, 2013. Gestão de assistência farmacêutica: eixo 2: serviços farmacêuticos: módulo transversal. Available: https://ares.unasus.gov.br/acervo/handle/ARES/3498. Access: 17 June 2020.

MARTINS, A. C.; FALBO NETO, G.; SILVA, F. A. M. Características do tutor efetivo em ABP: uma revisão de literatura. **Revista Brasileira de Educação Médica**, v. 42, n. 1, p. 105-114, 2018.

SANTOS JUNIOR, C. J. *et al*. Educação médica e formação na perspectiva ampliada e multidimensional: considerações acerca de uma experiência de ensino-aprendizagem. **Revista Brasileira de Educação Médica**, v. 43, n. 1, p. 72-79, 2019.

SILVA, A. L. F. *et al*. Saúde e educação pelo trabalho: reflexões acerca do PET-Saúde como proposta de formação para o Sistema Único de Saúde. **Interface - Comunicação, Saúde, Educação**, v. 19, n. 1, p. 975-984, 2015.

SILVA, R. E. B. G.; RAMALHO, A. P. Q.; SOUZA, C. C. O. Oficinas de planejamento em saúde na disciplina de saúde coletiva: relato de experiência. **Revista de Graduação USP**, São Paulo, v. 3, n. 2, p. 87-91, 2018.

UZÊDA, A. A. *et al*. Diagnóstico e prevenção da dengue em uma área de cobertura da estratégia saúde da família. **Revista de Saúde Coletiva da UEFS**, Santana, v. 7, n. 2, p. 21-34, 2017.

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