

**EDUCATION THROUGH WORK IN HEALTH: CONNECTIONS BETWEEN
FORMATION AND PRACTICES IN HEALTH SERVICES**

***A EDUCAÇÃO PELO TRABALHO NA SAÚDE: CONEXÕES ENTRE FORMAÇÃO E
PRÁTICAS NOS SERVIÇOS DE SAÚDE***

***EDUCACIÓN A TRAVÉS DEL TRABAJO EN SALUD: CONEXIONES ENTRE
FORMACIÓN Y PRÁCTICAS EN LOS SERVICIOS DE SALUD***

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ABSTRACT: The article seeks to think the education through work in health as a broad and critical political-educational process in view of the concreteness of the Unified Health System (SUS), in addition to discussing the centrality of the Education through work for health program (PET-Saúde) within the movement for the reformulation of health degrees in Brazil. This is a theoretical-conceptual study carried out based on documentary analysis of the history and basis of ministerial programs aimed at education through health work and the contributions brought by them over the past two decades. It is possible to recognize that PET-Saúde has promoted the valorization of formation through work based on its composition with health services, stimulating partnerships and arrangements with health departments and services that go far beyond the walls of the university, potentializing a formation concatenated with SUS precepts and with the health needs of the Brazilian population.

KEYWORDS: Professional formation. Education through work in health. Primary health care. Medical education.

RESUMO: O artigo busca refletir sobre a educação pelo trabalho em saúde como um processo político-educacional amplo e crítico diante da concretude do Sistema Único de Saúde (SUS), além de discutir a centralidade do Programa de Educação pelo Trabalho para a Saúde (PET-Saúde) no interior do movimento pela reformulação das graduações da saúde no Brasil. Trata-se de estudo de natureza teórico-conceitual realizado a partir de análise documental sobre a história e bases dos programas ministeriais voltados à educação pelo trabalho na saúde e suas contribuições trazidas ao longo das últimas duas décadas. É possível reconhecer que o PET-Saúde tem fomentado a valorização da formação pelo trabalho a partir da sua composição junto aos serviços de saúde, estimulando parcerias e arranjos com secretarias e serviços que vão muito além dos muros da universidade,

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potencializando uma formação concatenada aos preceitos do SUS e com as necessidades de saúde da população brasileira.

PALAVRAS-CHAVE: *Formação profissional. Educação pelo trabalho na saúde. Atenção primária à saúde. Educação médica.*

RESUMEN: *El artículo busca reflexionar la educación por el trabajo en salud como un proceso político-educativo amplio y crítico ante la concreción del Sistema Único de Salud (SUS), además de discutir la centralidad del programa Educación por el trabajo para la salud (PET-Saúde) dentro del movimiento de reformulación de las titulaciones en salud en Brasil. Se trata de un estudio teórico-conceptual realizado a partir del análisis documental de la historia y fundamento de los programas ministeriales orientados a la educación a través del trabajo en salud y sus aportes aportados durante las dos últimas décadas.. Es posible reconocer que PET-Saúde ha impulsado la valorización de la formación a través del trabajo basado en su composición con los servicios de salud, estimulando alianzas y arreglos con departamentos y servicios de salud que trascienden los muros de la universidad. potenciando una formación concatenada con los preceptos del SUS y con las necesidades de salud de la población brasileña.*

PALABRAS CLAVE: *Formación profesional. Educación a través del trabajo en salud. Atención primaria de salud. Educación médica.*

Introduction

Assumptions of the movements for the reformulation of undergraduate health courses

Since the institution of the Unified Health System (SUS) in the Federal Constitution of Brazil, in 1988, one of its greatest challenges has been the task of reorganizing health care, valuing integral care and a split with the curative logic and fragmented care, still hegemonic in the health system.

The eighth National Health Conference (CNS) held in 1986 is considered a milestone for public health in the country, with direct influence on the institution of the SUS. In his report, numerous contributions to change the Brazilian health system as a whole were presented, including the need to bring the formative process closer to the daily life of health services, catalyzing changes in practices and professional formation in health that were still rooted in the biomedical paradigm.

Among other issues, it was understood that to build a public health system with quality, it was also necessary to make changes in the formation of health professionals. In this perspective, a series of policies and programs that induce changes in the profile of professionals and work in health have been presented in recent decades, which, promoted by

the Ministry of Health (MS) in partnership with the Ministry of Education (MEC), came to affirm its task of ordering and regulating the formation of health professionals throughout the national territory (BRASIL, 2004; 2007).

After the creation of the Department of Labor Management and Health Education (SEGETS) in Ministry of Health, in 2003, it was possible to implement the National Policy on Permanent Health Education (PNEPS, Portuguese initials) (BRASIL, 2004), calling upon institutional responsibility for a training that leads to transformations in professional practices and in health care organization strategies, including the understanding of necessary changes in the formation of health graduation courses.

Cardoso *et al.* (2017) bring a rich discussion on the conceptual bases of Permanent Health Education (PHE) from the perspective of education through work, which they consider as a qualifying matrix for the population's health care. This study argues that with the expansion of the Brazilian health system, which took place from the 1970s onwards, the need for formation of workers was unleashed from political-pedagogical models committed to a contextualized formation and committed to health care in the population, as opposed to formative models outside the work environment and aimed at a unilateral and decontextualized transmission of knowledge that does not produce changes in practice as would be required.

Thus, PHE is based on a reflexive pedagogy of social practice and critical intervention in reality. It assumes the work category as a structuring axis, since it is in this space that individual and collective practical activities are carried out, which presupposes the active participation of workers in their own learning process. Thus, the work reveals itself as the focus of attention for the management and structuring of services in tune with the transformations in the world (SAVIANI, 2006; CARDOSO *et al.*, 2017).

PHE proposes formation with the ability to bring about changes in work processes, adopting values consistent with the principles of the SUS, such as universality, equity and integrality, in order to qualify access and reception in care, expressing this in the recognition of the problems of health, in its breadth and complexity and in the search for creative solutions to the demands of the health team and that respond to the needs of users and the community, through the creation of spaces for confrontation and reflection on daily life at work (CARDOSO *et al.*, 2017).

Ramos (2009) discusses PHE referring to integral care as a principle that is able to support a more organic approach between the world of work, education and health in people's lives. "By this principle, health refers us to the practices and actions of subjects who take fully

care of people, where users of health services are entire human beings” (p. 52, our translation).

The challenge is to enable a critical, reflective and contextualized formation, whose pedagogical *praxis* surpasses merely technical and traditional formation, and begins to envision a "formation of ethical, critical, reflective, collaborative, historical, transforming, humanized and socially responsible subjects" (CYRINO *et al.*, 2015a p. 5, our translation).

Opposing the traditional view of “knowledge as a product, today there is a whole tendency to understand it as a process that (...) requires from the learner the ability to interpret and give new meaning” (CUNHA, 1999, p. 12, our translation). For this process to happen, it is also necessary to have a restless professional, who is willing to make splits with their own professional history, usually marked by reproduction. In this sense, the professional needs “to expose themselves in their own maturation process, including epistemological doubt as a modal point of their conception of knowledge” (p. 8, our translation).

We assume, like Ceccim and Feuerwerker (2004), that the health education policy must be able to impact on teaching, management, care and social control, with implications for the formation of a professional prepared and equipped to work in the area of health. Formation through work necessarily implies the appropriation of knowledge that allows "the subject to know and recognize the totality of the work process, even if he will act in a part of this totality" (RAMOS, 2009, p. 57, our translation).

It should be noted that these are examples of leading role in education reforms that dialogue with the movements for change in health and with the development of the SUS, integrated curricula and undergraduate courses, as well as teaching-service-work articulations and movements such as the Teacher Integration network Assistance and UNI projects, with the involvement and participation of several Latin American countries, *Rede Unida*, CINAEM, the debate and construction of the National Curriculum Guidelines, in 2001 and 2014, the *Mais Médicos* Program and the organization of the Student Movement in health graduations (CYRINO *et al.*, 2015b).

In this process, the National Program for Professional Reorientation in Health (Pró-Saúde) and the Education Program for Work for Health (Pet-Saúde) stand out, as a joint action of the Ministry of Health and the Ministry of Education and Culture (MEC), aimed at causing changes in the formation of health professions, with a greater focus on their sustainability over the years (HADDAD *et al.*, 2012). This scenario was accompanied by an increase in the number of medical residencies in priority areas, the multidisciplinary

residencies of the Ministry of Health, as well as the Restructuring and Expansion of Federal Universities (Reuni), through the opening of new undergraduate courses in health.

In a context in which the theme of professional formation in health has been established as an expressive agenda, both in conducting research and in the construction of processes for intervention in this area (PEREIRA *et al.*, 2016) this article seeks to reflect, through theoretical-conceptual and documentary research, about education through work in health as a broad and critical political-educational process in view of the concreteness of the SUS. It also intends to discuss the centrality of PET-Saúde within the movement for the reformulation of health graduations in Brazil, bringing to light some of the roots of Education through work in health in accordance with the problem addressed. The present work found in the work “Fundamentals of the School of Work” by Pistrak (1924/1981) the theoretical basis for the discussion of education through work, which is the core of this article.

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Education through work in health: approaches with Pistrak

The work “Fundamentals of the School of Work” (1924/1981), by Moisey Mikhaylovich Pistrak, is an important conceptual framework capable of sustaining a fruitful dialogue with the theme education through work.

Socialist educator who lived in post-revolution 1917 Russia. Pistrak influenced the pedagogical ideas in vogue during this period. He questioned the significant implicit contents of the traditional school, going beyond the merely methodological discussion to face the problems of the purpose of teaching (TRAGTENBERG, 1981).

Considered one of the most influential post-revolution Russian educators, Pistrak's work is dense and extensive, although few of his works have been translated into Portuguese, such as: *The Commune School* (2013) and *Essays on the Polytechnic School* (2015), being *Fundamentals of the school of work* the most widespread book in Brazil (1981), which, among other aspects, deals with the relationship between theory and practice, the labor school, school work, teaching and students' self-organization (FREITAS, 1998).

Having Marxist theory as a basis capable of guaranteeing the transformation of the school, Pistrak guided a proposal for the practice of school work. Thus, "The School of

Work" can be understood as the result of pedagogical practice based on a concrete experience, based on the study of man's relations with the concreteness of the present reality and on the students' self-organization process (TRAGTENBERG, 1981).

Pistrak's objective in the labor school was not to formulate a new theory, but to analyze its emergence as a result of school practice guided by the dialectical method. In addition to self-organization, its presupposition is based on the principle of relations with current reality, which is conceptualized as "everything that in the social life of our time is destined to live and develop, everything which is grouped around the victorious social revolution and which serves to organize the new life" (PISTRAK, 1981, p. 34, our translation).

The school must be based on the study of the current reality, penetrate it and experience it, recognizing the past, revisiting it in the light of the present, so that this present reality can then be transformed. In his view, it is important that there is a marriage between theory and practice, so that education is grounded in reality and that it can be modified in this way.

Thus, the work of Pistrak (1981) reveals to us that without revolutionary pedagogical theory it is not possible to have a revolutionary pedagogical practice. Without a theory of social pedagogy, practice will lead to acrobatics with no social purpose, used to solve pedagogical problems in a reductionist way and not on the basis of well-defined social conceptions.

It is necessary to emphasize that the school of work was conceived at a time when Russia was going through great and significant changes. This was a moment when the proletarian class was oppressed by the bourgeoisie, with the school being one of the main instruments of domination and maintenance of the status quo. Through the School of Work, Pistrak proposes a school that must live within reality, adapting to it and reorganizing itself (PISTRAK, 1981). "The basic idea of a new society, which would realize fraternity and equality, the end of alienation, was an immense collective hope that took hold of Soviet society between 1918 and 1929" (TRAGTENBERG, 1981, p. 8, our translation).

The so-called self-organization of students is of fundamental importance in this proposal of social pedagogy, with explicit goals in the sense of not losing sight of the fact that the student is not preparing to be a member of society, he already is and he has his problems, interests, goals and ideals, is already linked to the lives of adults and to life in society (PISTRAK, 1981). "Work at school, as the basis of education, must be linked to social work, to real production, to a concrete socially useful activity..." (p. 39, our translation). In this

conception, it is clear that it is not possible to introduce work at school if it is considered in an abstract way, as an isolated discipline, separated from the main aspect: the current reality.

When discussing curriculum, didactics and assessment, Freitas (1998; 2009) introduces us to Russian authors from the last century and, specifically with Pistrak, establishes a rich debate on education, proposing a comparison between the changes in education in the implantation of socialism by the Russian Revolution and in Brazil, in the 1980s, in the struggles for the democratization of education in the country. From this context, a didactic system is discussed in which the teaching objectives play a fundamental role and are based on social experience, based on the following components of education: “a) knowledge (of nature, society, technique, of man and thought); b) the skills to use this knowledge actively; c) the activity and d) the emotional-evaluative attitudes towards the world, people and towards oneself” (p. 30, our translation).

According to Freitas (2018) it is from the integration of these four major areas that the content of the school is defined, he concludes: “if we know the objectives of teaching, we know what to teach, that is, the content” (p. 30, our translation). Note that the two categories that open the didactic approach itself are the objectives and the content of teaching (based on social experience). These areas must perform certain functions in the culture and in the formation of the student's personality, namely: a) knowledge has an ontological, guiding and evaluative function; b) the skills to use knowledge represent functions linked to the reproduction of social culture; c) creative activity has functions of transformation and development of social culture; and d) emotional-evaluative attitudes are linked to choice functions articulated with demands and motivations.

Although it is not possible to bring here all the richness of the studies of Pistrak and his contemporaries, Freitas (1998) points out that the teaching that can be drawn refers to a possible closer relationship between the areas of curriculum and didactics, in a perspective of building a system as a theory of the teaching process. Thus, the field that emerges from this junction is the organization of the school's pedagogical work, whose greatest beneficiary would be didactics, as the curriculum opens broader perspectives of action and removes the pedagogical action from the strict limits of the classroom, allowing to visualize other relationships with society.

Also in line with this thought, Freitas (1998) reiterates that this proposal goes far beyond the traditional approach that divides school content into cognitive, affective and psychomotor areas. Complementarily, he distinguishes between "forms of teaching-learning achievement" and "organizational forms" not to mention the breadth of curriculum action by

specifying "content forms" that intentionally include the dimension of creativity and emotional-evaluative attitudes (p. 32).

The concept of the School of Work contributes to the contextualization and theoretical-conceptual framework of this study, in view of its objective to present some of the bases of education through work, referring it to health, bringing proposals for a pedagogical action beyond the walls school, in an education that visualizes and assumes other relationships with society.

Education through work allows for a formative process in health that takes health as a basis for collective construction. That is, it favors the autonomy of subjects under the health-disease-care production process, valuing subjectivities in the care processes, with emphasis on "social, cultural and spiritual determinants of people's living and health conditions, and recognizes the influence of socioeconomic, political and environmental factors in the organization of health systems and services" (SILVA *et al.*, 2015, p. 967, our translation).

In this ideology, the authors understand that there is a need for a change in the paradigm of the formation process, essentially material, at work, for the formation process in informal work, which puts the subjectivity production process on the agenda, and it is constituted 'outside' the relationship of capital, at the heart of the constitutive processes of mass intellectuality, that is, in the subjectivation of work.

Thus, work in the field of collective health, to materialize the expanded concept of health, requires from the worker an ethical, critical and political posture in defense of the principles of the SUS, aiming to overcome dead work to live work in action, with rational use of health technologies (SILVA *et al.*, 2015). In this sense, it is in the relationship with the other – based on the concept of integrality, that spaces producing encounters permeated by subjectivities, approaches and pedagogical dimensions by the actors involved are formed.

It is understood that on-the-job formation provides us with an experimentation plan, a plan where thinking, doing, learning, working and living are together. Thus, Silva et al. (2015) find that "there is no real separation between work in situation, in action, and the processes of formation through work, that is, during the work process in health or education through work, institutionalized or not, there is a pedagogical production" (p. 967, our translation).

From this context, it is understood that the PET-Saúde also presents a proposal for changes in the teaching and formation of students, university professors and health professionals, in which the daily work is considered a learning axis, investing in a process that allows the "openness to a health praxis that believes in the power of the daily life of health

services as instances for action-reflection-action, which seek to build a formation that strives to reflect, think and act not for, but with the other” (SILVA *et al.*, 2015, p. 978, our translation).

For this purpose, a brief history of the MEC's Tutorial Education Program (PET) is presented below, in view of its embryonic character and the basis for what would come to be constituted as the PET-Saúde Program, in partnership with the MEC and Ministry of Health already underway in the country for about two decades.

The Tutorial Education Program (PET) and its bases for the development of PET-Saúde

In 1979, the Tutorial Education Program (PET) was created, initially named Special Training Program by the Coordination for the Improvement of Higher Education Personnel (CAPES) (BRASIL, 2006). Aiming to improve undergraduate teaching and the quality of postgraduate courses, CAPES/MEC implemented PET in order to raise the qualifications of selected groups of undergraduate students, through intense and advanced training. In this way, it directed its efforts towards the training of high-level professionals for all segments of the labor market, with special emphasis on the university career (TOSTA *et al.*, 2006).

In 1999, the Program had its management transferred to the Secretariat of Higher Education (SESu/MEC), being under the responsibility of the Department of Modernization and Higher Education Programs (DEPEM). The Program was organized so that students, from learning groups, had the possibility of developing extracurricular activities, supervised by a tutor-teacher (NEVES, 2003; BRASIL, 2006).

The PET was officially instituted by Law 11,180/2005 (BRASIL, 2005) and regulated by several ordinances that regulated the operation of the program from its administrative and academic constitution, in addition to establishing norms and periodicity in the process of national evaluation of the groups. Through a new 2010 ordinance, innovations were brought to the structure of its operation, such as the flexibilization and dynamization of the structure of the groups, the union of PET with "Knowledge Connections", the definition of maximum time for the exercise of tutoring, closer approximation with the academic structure of the university and the definition of internal management structures (BRASIL, 2010).

The tutorial teaching model encouraged the PET members to be proactive and, through experiences, discussions and reflections, allowed them to solidly learn to develop critical thinking skills and problem-solving skills. The extracurricular activities of the groups

were based on the elements of the teaching-research-extension tripod, favoring entry into postgraduate programs and the labor market (LEITE *et al.*, 2016).

The PET was developed to work with small groups of students, tutored by a professor, organized from undergraduate courses at the Higher Education Institutions (HEI) in the country. In this arrangement, the groups were constituted by courses and guided by the principle of inseparability between teaching, research and extension. Among its main objectives were pointed out the needs to develop: academic activities at standards of excellence, through tutorial learning groups of a collective and interdisciplinary nature; contribute to raising the quality of student education; promote the formation of professionals and teachers with high technical, scientific, technological and academic qualifications; formulate new strategies for the development and modernization of higher education in the country, in addition to stimulating professional performance based on ethics, citizenship and the social function of higher education (BRASIL, 2009).

PET represented many advances for formation, as we can see in significant results, such as the experience of the University of Rio Grande do Sul, which, by introducing us to the concept of tutorial education, emphasizes that “The logic of understanding is collective, it breaks from the student-teacher role and a logic of two students with similar roles is instituted, producing notions of equality and citizenship” (SILVA, 2010, p. 118, our translation).

Tutoring provides learning in a less formal environment than the classroom, bringing tutor and student closer together, developing different types of relationships, without losing their specificities. On this occasion, some groups worked with the management and self-management model, others, in turn, preferred to establish, among the scholarship holders, coordinators and sub coordinators, to avoid the centralization of activities (SILVA, 2010, p. 120). According to this experience, PET boosted theoretical learning from group experiences and tutoring, providing autonomy to students and contributing to the formation of tutors.

In this context, it is necessary to highlight that in 2005, the PET became governed by new legislation after its inclusion in law 11,180 of 2005 (BRASIL, 2005), which, among other aspects, established the Program within the scope of the MEC. Tutorial Education - PET, aimed at fostering tutorial learning groups by granting scientific initiation scholarships to undergraduate students and tutoring scholarships to tutor teachers of PET groups.

We emphasize that the PET, established by the MEC, which we call PET-MEC, had a budget allocated to the MEC and the National Education Fund (FNDE), which meant a certain security regarding the permanence and subsistence of the program, in accordance with the

current legislation. In this scenario, its experience was fundamental for the structuring and development of PET-Saúde, below we will present some of its main aspects.

The development of PET-Saúde in the last two decades

The implementation of the 1996 Law of Guidelines and Bases of National Education (LDB/1996) (BRASIL, 1996) and the National Curriculum Guidelines (DCN) for undergraduate health courses in 2001 and 2002 caused several changes, among which the proposal for the formation of professionals prepared to respond to the health needs of the population and the country's public health system, the SUS, stands out, diversifying the teaching and learning scenarios, towards primary health care (PHC) and progressively passed to integrate the daily life of basic health units (BHU).

Both the Ministry of Health and the MEC, in joint action, have promoted in recent decades several initiatives to encourage the approximation of Higher Education Institutions with the health services in the SUS, with an emphasis on PHC, such as the Program for Incentive to Curricular Changes in Schools Doctors (Promed), the National Program for the Reorientation of Professional Formation in Health (Pró-Saúde) and the Education Program for Work for Health (PET-Saúde), among others.

The dissemination of the PHE proposal in Brazil is based on the Decree of 20 June 2007, which instituted, within the scope of the MEC and Ministry of Health, the Interministerial Commission for Labor Management and Health Education, in its Article 1 states its character of advisory function in relation to the ordering of formation of human resources in the health area, in accordance with the competences established in art. 2nd, in accordance with the national education and health policies and the objectives, principles and guidelines of the SUS (BRASIL, 2007).

In this context, one of the main strategies for reorienting professional formation induced by SGTES/MS was the implementation of the Education Program for Work in Health (PET-Saúde) in 2007. Driven by the Tutorial Education Program, PET-Saúde was established by Interministerial Ordinance MS/MEC n. 1,802, of 26 August 2008. It formed a partnership between SGTES, Health Care Secretariat and Health Surveillance Secretariat of the Ministry of Health; Sesu of the MEC and the National Secretariat for Drug Policies (Senad/GSI/PR) (BRASIL, 2013).

PET-Saúde is based on the teaching-service-community integration and the inseparability between teaching, research and extension. The program presupposes education

through work in the formation of health professionals and the qualification of the SUS from the promotion and qualification of the teaching-service-community integration, with the involvement of professors, undergraduate students and health professionals, so that the needs of the services become a source of knowledge production and research in themes and strategic areas of the SUS (BRASIL, 2018).

With this in mind, it is understood that PET-Saúde also drives changes in education and health services through the payment of grants for the following activities: a) work initiation: aimed at regularly enrolled undergraduate students in the health area in non-profit public and private Higher Education Institutions (HEIs); b) academic tutoring: aimed at professors from the HEI that are part of the Program; and c) preceptorship: aimed at SUS health professionals (BRASIL, 2018).

From this program onwards, the HEIs began to reorganize and rethink the health formation process, as in addition to using the services as practice scenarios for formation, arrangements and pacts with the health departments were also necessary, mobilizing and formalizing new partnerships so that the program could work properly, bringing education even closer to the reality of the SUS and the community.

Table 1 presents all PET-Saúde public notices published to date, highlighting their different versions published in the different public notices and their respective objectives.

Table 1 - Pet-Saúde Public Notices, second year of the notice and program objective, Brazil, 2021

PET-Saúde	Notice	Objective
PET-Saúde/SF 2008/2010	n. 15, 12 November 2008	Focus on the Family Health Strategy (FHS), as a model for the reorganization of Primary Health Care and organizer of health care networks in the Unified Health System (SUS).
PET-Saúde/SF 2009/2012	n. 18, 16 September 2009	
PET-Saúde/VS - 2010/2012	n. 07, 03 March 2010	Foster the formation of tutorial learning groups in the area of Health Surveillance.
PET-Saúde/SM 2011/2012	n. 27, 17 September 2010	Foster tutorial learning groups within the scope of Mental Health Care: Crack, alcohol and other drugs, aiming at qualifying the formation of students in courses in the health area and Mental Health professionals.
Pró-Saúde/PET-Saúde 2011/2014	n. 24, 15 December	Mobilize higher education institutions in the country, in partnership with the

	2011	municipal and state health secretariats and with the participation of the community, in greater teaching-service integration, the centrality in health production and humanized care in the formation of graduation in the professions in health.
PET-Saúde/VS - 2012/ 2015	n. 28, 22 November 2012	Foster the formation of tutorial learning groups in the area of Health Surveillance.
PET-Saúde/Redes 2013/2015	n. 14, 8 March 2013	Develop interventions in the modeling of health care networks aiming at the qualification of health actions and services offered to the population in the different points of care of the networks and the insertion of the needs of services in the context of networks as a source of knowledge production and research in institutions education.
PET-Saúde/Gradua SUS 2015/2017	n. 13, 28 September 2015	Propose curriculum change in line with the National Curriculum Guidelines for undergraduate courses in the health area and the qualification of the teaching-service-community integration processes articulated between the SUS and educational institutions.
PET-Saúde/Interprofissionalidade 2018/2021	n. 10, 23 July 2018	Foster work focused on interprofessionality, interdisciplinarity, intersectorality, networking, teaching-service integration and diversification of practice scenarios as prerogatives for change in the dynamics of health work, strengthening the concept of humanization of care and the principle of comprehensive care in the context of collaborative networks in formation for SUS;

From the foregoing, it is important to highlight that there is no legislation of its own that includes PET-Health, such as the PET-MEC, described here, which, in a way, means a weakness in its support, as it has always existed as a public notice, usually lasting two consecutive years. We consider this a significant difference in relation to the appreciation of PET-Saúde and the need for its institutionalization as a permanent program in HEIs.

In general, we can summarize several of the dimensions and aspects involved in the PET-Saúde proposal in the definition presented by the MS (2013), stressing that “it is a pedagogical innovation that brings together undergraduate courses in the area of Health and strengthens academic practice that integrates the university, in teaching, research and

extension activities, with shared social demands” (p. 4, our translation). In addition, the focus on interprofessionalism is highlighted, in which students from different backgrounds and who are in different periods, mediated by teachers from different backgrounds and health service professionals, learning and interacting together in the care for people's health, families and communities.

With the main objectives of valuing teamwork, integration and the specificities of each profession, PET-Saúde cooperates, in a technical and financial way, for the integration of teaching with work, in favor of learning and valuing PHC and acting in strategic networks, for the resoluteness of actions and services and the resolvability of the health care system (GUSMAO; CECCIM; DRACHLER, 2015, p. 696)

In this scenario, Oliveira (2010) states that the social commitment of Higher Education Institutions contributes to extension and research projects being built in intersectoral action, involving professionals and academics in proposals that strengthen formation and actions in the service, focusing on needs real, favoring health promotion.

Likewise, Carvalho (2015) assumes that PET-Saúde emerges in the collective discourse as a great promoter of actions for the integration of teaching and services, with the potential to promote the appreciation of the professional and the teaching process. He points out that, in the form of government incentive, "it starts to integrate the health professional into the teaching-learning universe and provides appreciation, knowledge and knowledge exchange, using permanent education and opportunities for discussion within the BHU environment" (p. 137, our translation).

To learn about and value the PET-Saúde experiences, the *Interface Comunicação, Educação e Saúde* journal, in 2015, published a supplement in partnership with the Ministry of Health and OPAS so that Higher Education Institutions could report their experiences by participating in the program. 397 manuscripts were submitted and the expressive number of submissions showed the importance that the program has for educational institutions (CECCIM; CYRINO, 2017).

Due to the large number of submissions and the limited space available for publication in the journal, *Rede Unida* created a series of four books on the theme of the integration of education and local health systems, with 53 experiences in published works. The opening of space for publications showed the great potential for knowledge production and the potential of actions and experiences driven by PET-Saúde.

Final consideraions

By bringing Pistrak and the school of work, we seek to find a theoretical-conceptual basis to discuss a federal program that aims to influence change in health graduations from the perspective of a closer relationship between university education in SUS health. It was possible to identify that in the different editions of PET-Saúde, in progress for almost two decades, that the base remains the same, education through work in the SUS, there are countless possibilities for advances through the sharing of knowledge between universities and health services with in order to qualify formation and health services.

We present the PET-MEC as a reference, in order to bring an existing program, financed by the MEC, for about 40 years and successfully, in order to bring higher education institutions, teachers and students closer to articulated teaching actions to research and extension. We also brought it to the extent that there is reference to the program having been a basis for the construction of PET-Saúde and thus we were able to learn a little more about its conceptual bases.

PET-Saúde is recognized as a project with a broad dimension, seeking the possibility of education through work and permanent education for professionals working in the SUS, with a certain emphasis on formation in PHC articulated with care networks. However, for the change in graduations to occur with support in the development of PET-Saúde, its political-pedagogical objectives must be materialized in educational processes, inside and outside universities, with interdisciplinarity, interprofessionalism, the integration of knowledge in the curriculum, the production of knowledge, and influence the teaching of disciplines, modules and activities to train students, population, teachers and health professionals.

The two programs, PET-MEC and PET-Saúde, in their different versions, persist and seek to strengthen the triad of teaching, research and extension, as well as favoring a more committed formation that is concerned with the current reality, linking theory and practice in compromise with social praxis.

We saw that from the PET-MEC it was possible to expand the qualification of undergraduate courses in the health area through interdisciplinary, extracurricular experiences, with a focus on the job market and the formation of professors/researchers for the university career. The PET-Saúde, in turn, expands the scope by valuing the formation through work based on the qualification of health services, being concerned with the local reality in order to transform it. In addition, it encourages partnerships and arrangements with secretariats and health services that go far beyond the university walls.

We must mention that there is an essential dimension that differentiates the two programs, the form of financing. For all that we were able to analyze in the studied documents, the PET-MEC has a pre-established resource in the MEC and thus has a guarantee of continuity and permanence much higher than the PET-Saúde, which depends on public notices for its survival, thus it has greater fragility and difficulty of sustainability over time.

PET-Saúde advances towards a more engaged formation, focused on the current reality and which favors the students' self-organization, which are the basic principles of the school of work presented by Pistrak. The author values exactly this issue: an education that is articulated to work and reality, a formation that is based on the study of current reality, seeks to enter and live in it, must not ignore the past, which must be studied in the light of the present, to transform reality. An education that is based on reality and that in this way can change it.

Reflecting on public health policies that value education through work, for and in the SUS, directs us to a commitment to comprehensive care mediated by an education process for the formation of responsible, aware, critical and more autonomous subjects, who are capable of contributing to the transformation of social relations based on exploitation, injustices and inequities.

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