



Experience Report

CONTINUING HEALTHCARE EDUCATION: A STRATEGY TO CONNECT TEACHING AND SERVICES

EDUCAÇÃO PERMANENTE EM SAÚDE: UMA ESTRATÉGIA PARA ARTICULAR ENSINO E SERVIÇO

EDUCACIÓN CONTINUA EN SALUD: UNA ESTRATEGIA PARA ARTICULAR ENSEÑANZA Y SERVICIO

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This experience report aims to describe the experience of implementing a project for continuing education with the nursing staff of the emergency service at three hospitals, highlighting the connection between teaching and service. This project was developed by professors and undergraduate nursing students of the Universidade Federal do Rio Grande do Norte in 2011, and conducted at the urgent care services of three hospitals. In each hospital were worked themes chosen by service professionals according to local needs. At the meetings, we used questioning with daily issues, round-table discussions of professional experiences, practical classes in the emergency care facility and laboratory, discussion of texts, and lecture/dialogue classes. The experience of this project reveals the importance and potential of integrating teaching-services in the continuing education of health workers in order to improve care quality and solidify the National Health System in Brazil.

Descriptors: Nursing; Education, Nursing, Continuing; Health Services; Nursing Staff, Hospital.

Relato de experiência com objetivo de descrever a implementação de um projeto de educação permanente com a equipe de enfermagem dos serviços de urgência de três hospitais, evidenciando a articulação entre ensino e serviço. Esse projeto foi desenvolvido por professores e alunos do curso de graduação em enfermagem da Universidade Federal do Rio Grande do Norte em 2011, tendo como cenário os serviços de urgência de três hospitais. Foram trabalhadas temáticas escolhidas pelos profissionais do serviço de acordo com a necessidade local. Nos encontros, utilizou-se problematização com as questões vivenciadas na prática, rodas de conversas com as experiências dos profissionais, aulas práticas no serviço e em laboratório, discussão de textos, e aulas expositivas dialogadas. A experiência desse projeto revela a importância e a possibilidade da integração ensino-serviço na educação permanente dos trabalhadores da saúde na melhoria da qualidade da assistência e na construção do Sistema Único de Saúde.

Descritores: Enfermagem; Educação Continuada em Enfermagem; Serviços de Saúde; Recursos Humanos de Enfermagem no Hospital.

Relato de experiencia con objetivo de describir la experiencia de la implementación de un proyecto de educación continua con el personal de enfermería de servicios de urgencias de tres hospitales, señalando la conexión entre enseñanza y servicio. El proyecto fue desarrollado por profesores y alumnos del curso de enfermería de la Universidad Federal del Rio Grande do Norte, Brasil, en 2011, en los servicios de urgencia de tres hospitales. Fueron trabajados temas escogidos por profesionales del servicio según las necesidades locales. En los encuentros, se utilizó problematización con las cuestiones vividas en la práctica, ruedas de charlas con experiencias de los profesionales, clases prácticas en el servicio y laboratorio, discusión de textos y clases expositivas dialogadas. La experiencia revela la importancia de la integración enseñanza-servicio en la educación continua de trabajadores de salud en la mejoría de la atención y en la construcción del Sistema Único de Salud.

Descritores: Enfermería; Educación Continua en Enfermería; Servicios de Salud; Personal de Enfermería en Hospital.

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INTRODUCTION

Continuing education is a global concern in the health area, more specifically in Nursing, in the sense of contributing to the transformation of the praxis of nursing professionals, as it raises discussions and proposals able to improve the quality of services and personal and institutional development⁽¹⁻²⁾. Additionally, continuing healthcare education enables an accumulation of knowledge, influencing the organization of work and requiring workers to acquire new skills dynamically⁽³⁾. Thus, it becomes essential the development of technological resources that promote the operationalization of the work, profiled by the idea of learning to learn, working in teams, building themselves as everyday individual, collective and institutional learning object⁽⁴⁾.

This constant need for knowledge upgrade, given the technological changes of our time, requires a reflection about new strategies to train nurses working in each area of assistance. Also due to the speed with which knowledge and technological knowledge are renewed in the health area, as well as the role historically assigned for nursing education, which in most cases does not emphasize the unique actions of daily nursing practice in each specific area of expertise. As an example, we can mention the urgency and emergency or psychiatry, since the goal of undergraduation is the training of general nurses⁽⁵⁾.

Furthermore, the general approach in the training of nursing assistants, technicians and nurses requires training programs in specific areas, in order to provide scientific and technical upgrade, improving practices and developing technical and critical thinking skills on the practice developed⁽⁶⁾.

On the other hand, technological development is directly related to the increasing demand and the health needs of the population, both qualitative and quantitative, requiring the incorporation of continuing

education processes that connect a people development program in a concrete life-work reality⁽³⁾.

In this context, the work in the health area needs to be daily discussed and reviewed, not only to keep up with technological advancement, but also to discuss the various problems faced in nursing professional's routine, whose training, for some reason, did not contemplate some content that are of utmost importance, requiring further deepening in the practice environment.

Moreover, there are many issues not related to new technologies, but that already exist for a long time and that we should take into consideration. Others arise during the practice of each context, requiring also a space for discussion in their own work environment.

Therefore, in all areas of health care, including nursing, the continuing healthcare education process transcends the technical development, by enabling workers to seek autonomy and citizenship, as well as rescue their multidimensionality, which may constitute as the bases for raising awareness. Thus, the educational process can be characterized as the care of institutions towards their employees in the work process, undertaking a coordinated work between the health system, in its various spheres, managements and educational institutions^(2,7).

We can understand Continuing Healthcare Education (CHE) as a formal or informal educational process, dynamic and dialogical, which aims to transform the healthcare work, stimulating a critical, reflective, committed and technically efficient performance, the respect for local characteristics, and the specific training needs of workers, seeking to overcome the distortions and deficiencies in the training of health workers⁽⁸⁻⁹⁾.

Continuing Health Education, besides its didactic-pedagogical focus, is a national public policy since 2004 and proposes to establish relations between educational

institutions, health services, the management of the Unified Health System (SUS), and organs of social control, as regards to the formation and development of health personnel⁽¹⁰⁾.

We can consider that it guides the development initiatives of the workers and the transformation strategies of health practices⁽²⁾. However, it does not remove the responsibility of the nursing staff for their constant upgrade process. Rather, it works in the perspective of developing a shared responsibility between professional and institution⁽⁵⁾.

Thus, it is necessary that hospital institutions, important scenarios of professional practice and training, adopt policies that contribute positively to their everyday professional qualification⁽¹¹⁻¹³⁾.

In this context, this article aimed to describe the experience of implementing a project of continuing education with the nursing staff of the emergency services of three hospitals, highlighting the connection between teaching and service.

We hope that this study contributes to the reflection of the educational actions developed with/by nursing professionals in hospital institutions, one of the scenarios of nursing practice, focusing on strategies of CHE and improving the quality of care.

Associated with this, it increases the importance of educational practices to represent devices for the analysis of local experiences; of the organization of network/chain actions; of the possibilities of integrating training, professor development, changes in the management and practices of health care, strengthening the popular participation and valorization of local knowledge^(4,13).

EXPERIENCE REPORT

This is an experience report about an extension project of the Undergraduate Nursing Course, Faculty of Health Sciences of Trairi (FACISA), Universidade Federal do Rio Grande do Norte – Santa Cruz Campus – entitled

“Continuing Education: essential tool for the quality of nursing care in emergency services”, approved by the Dean of Extension of the institution, under code PJ 106-2011. Professors and students of the Undergraduate Nursing Course developed this project, which combines teaching and services. It was conducted in the emergency services of the Hospital dos Pescadores, located in the city of Natal/RN, Brazil; of the Hospital Regional Aluizio Bezerra, Santa Cruz/RN; and of the Hospital Padre João Maria in Currais Novos/RN. These institutions were chosen because they are training camps for the Undergraduate Nursing Course of FACISA/UFRN.

The activities were developed in the abovementioned hospitals, since continuing education is characterized by education in services, through work and for work, in different services and in situations where the hospital environment was not enough. Due to issues related to physical space and material resources, the meetings took place in the laboratories of UFRN. These educational activities happened from February to December 2011, following a predetermined schedule with monthly meetings in each institution and schedules defined along with the head nurse of each institution, which lasted from 30 to 120 minutes per meeting. However, it is important mentioning that some issues required more than a monthly meeting, seeking to reach a larger number of participants.

Fourteen professors and six students from the 8th semester of the Undergraduate Nursing Course of FACISA/UFRN took part in the implementation of this project. One student was a scholarship holder and the other five were volunteers, in addition to the professional nursing staff in the emergency services (nurses, nursing technicians and assistants) of the hospitals mentioned.

As regards to the staff of the three hospitals, there were 75 professionals, of which nine nurses and 25 nursing assistants/technicians participated in the

Hospital dos Pescadores; three nurses and 14 nursing assistants/technicians in the Hospital Padre João Maria; and three nurses and 21 nursing assistants/technicians in the Hospital Regional Aluizio Bezerra.

In the first moment, we provided awareness of the CHE, and critical analysis of nursing practice. Thereafter, we began upgrading the nursing teams, based on content involving the process of continuing education and emergency situations. In these meetings and in the other moments, we performed surveys of topics considered important by nursing teams so they could also be addressed based on the problems of each reality. Given its character of continuing education and high demand for certain contents, the extension project was renewed, aiming to continue the activities throughout 2012, since it has already been approved by PROEX/UFRN.

RESULTS AND DISCUSSION

To present the activities developed through this project of Continuing Healthcare Education (CHE), it is important to emphasize that this report does not refer to the actions of a concluded project, rather the implementation process concerning its first year. Furthermore, as an ongoing process, the goal is not to conclude it, rather consolidate and (re)built it over time.

However, to understand the organization and discussion of the activities developed, we consider important a prior deeper understanding about Continuing Healthcare Education (CHE). As for the concept of CHE, researchers in this field have described several principles to express this proposal, and even to differentiate it from other workplace learning processes, such as continuing education (CE) and in-service training (IST). Even though these proposals of professional oriented education have some elements in common, there are differences that make them unique^(1,4-5). In this sense, the concept of CHE covers the following aspects: the object of discussion (focus); the purpose; the

method; the participants; and the attitude of those involved.

The issue under discussion is the local reality. Therefore, it starts from the reflection of what is happening in the services and what needs to be improved⁽⁶⁾. It allows to dignify local characteristics, enhance the installed capacity, and develop the potential in each context^(2,11,14).

For this, it is necessary to create, in the service itself, a space to reflect on the doing in work, highlighting the key role of health institutions in the continuing development of workers' skills⁽³⁾.

As for its purpose, CHE seeks the transformation at the level of SUS, society, service organization, institution, team and staff. Therefore, when designing a continuing healthcare education from the perspective of a transformative praxis, we seek to terminate the usual and institute new ways of thinking/acting education as transformation proposal with all this scope^(2,5,15-16). With that, CHE is an essential strategy to the changes in healthcare work so that it becomes a place of critical, reflective, purposeful, committed and technically competent performance⁽¹¹⁾.

In this perspective, CHE seeks to transform professional practices and the organization of work itself in order to promote the involvement of teams, not just of corporately organized workers. It presents a multiprofessional and interdisciplinary approach, promoting the dissemination of different knowledge and connections, through the activity of the different social actors involved and through the collective responsibility^(2,10,14).

With regard to the method, the CHE proposed is based on meaningful learning, in other words, educators and students have different roles from the traditional ones. The professor is no longer the main source of information (content), rather the facilitator of the teaching and learning process, which should encourage the learner to take an active, critical and reflective

attitude during the process of knowledge construction⁽¹⁶⁾.

With this purpose, we use a pedagogy focused on solving problems and built in the work environment so as to promote the empowerment of scientific knowledge, where the institution in which the health care professional works is in charge of applying this knowledge collectively^(5,16).

In this sense, we believe that the possibilities for change through the actions of CHE may represent alternative ways of transcending the traditional education models by recommending educational activities embedded in the historical, social, economic, political and ethical context⁽²⁾. Thus, it establishes the meaningful learning and the effective and creative critical capacity, as well as producing sense, self-analysis and self-management⁽¹¹⁾.

As regards to the participants of this process, the proposed CHE congregates, articulates and involves different actors, assigning everyone a leading role on conducting local health systems⁽¹¹⁾. It works according to the four-way approach to training created by one of the scholars of this subject, which is composed by the interaction between the segments of training, care, management and social control in health^(4,12).

Regarding the attitudes of those involved, we expect an ethical attitude, exercise of citizenship, awareness, reassurance or reformulation of values, building integrative relationships among the subjects involved, seeking a critical and creative praxis^(3,8,16). We also expect that the health workers see themselves as citizens and can take greater control over their work process^(2,3). Given the above, it is essential to differentiate the Continuing Healthcare Education from other types of activities, such as the Continuing Education (CE) that involves teaching activities after graduation (upgrade), which has a definite duration and uses the traditional method⁽¹⁶⁾. It refers to the professional's technical and scientific upgrade, focused

on individual practice, being the professional's responsibility, therefore, a process separated from the institution where the professional acts, happening sporadically and with knowledge acquisition. As for In-service Training (IST), it involves activities developed through programs that guide professionals according to the objectives of the institution. It is also understood as the person's ability for a particular job offered by the institution⁽⁵⁾.

In this questioning, it is worth mentioning that the CHE, CE and IST are valid in the process of professional upgrade and bring important results⁽⁵⁾. Nonetheless, we must also understand the differences, the objectives, the scope and the needs of each one.

Participants of the Project of Continuing Healthcare Education (CHE)

An education policy for the SUS involves not only the development of healthcare professionals who are already working in the system. It involves students, professors, researchers, educational managers and scientific-technological information managers in their respective occupational areas, formulating pacts and policies or producing practices and social networks⁽¹¹⁾. One of the scholars in this area⁽⁴⁾ summarizes the actors of this action in the four-way approach to Continuing Healthcare Education (CHE), which is formed by the interaction between segments of training, care, management and social control in health⁽⁴⁾.

In this way, we seek in this first moment to connect teaching and services. With regard to education, we have the participation of professors and students, and regarding the service, we have the nursing staff and the consent of the general management, as well as the involvement of the nursing management of hospital institutions. We understand there are other actors involved in CHE, both the SUS management and the social control should be included. However, given the challenge of implementation, we were not able to articulate all the participants proposed by the CHE at

that time; nonetheless, we intended to perform this at a later moment. Furthermore, with the participation of students, we expect in the long-term future professionals more involved with the process of CHE.

Meetings of CHE, problem identification, choice of issues and method

At the first meeting, we presented the project and sought to raise awareness of the staff about this new way of thinking and doing. In this meeting and the others, we sought to identify, among professionals, the topics for the subsequent meetings, according to the problems the team experienced and considered

important to work with. The participation of students happened in all the meetings, and of nursing professors according to the field of work and affinity with the theme. As the project focused on the nursing staff in emergency services, the first theme approached in all hospitals was Cardiopulmonary Resuscitation (CPR), because this is one of the major deficits of daily practice in most services, especially in the three hospitals in the project, as well as due to recent modifications to the CPR protocol of the American Heart Association. Following, we present the other themes chosen, in order of priority within each institution:

Chart 1 - Themes chosen by the nursing staff of the three hospitals to be addressed in meetings of continuing education. Santa Cruz, RN, Brazil, 2011

Themes from Hospital 1	Themes from Hospital 2	Themes from Hospital 3
Mechanical ventilation	Care of severely injured patients	Care of burn victims
Electrocardiogram (interpretation)	Blood transfusion	Care of severely injured patients
Care of critically ill patients (Intensive Care Unit)	Care of burn victims	Surgical clinic – pre- and postoperative
Equipment handling	Risk classification	Wounds and bandages
Vasoactive drugs	Electrocardiogram (technique)	Care of eclampsia patients
Analysis of laboratory tests	Drug administration	Hospital infection
Palliative care	Care of traumatic brain injury patients	Care of critically ill patients (Intensive Care Unit)
Risk classification	Patient monitoring	Care of newborns
Vasoactive drugs	Care of psychiatric patients	Surgical clinic – Nursing care in intraoperative period
Care of burn victims	Diabetes Mellitus	Drug administration
Acute myocardial infarction		Interpersonal relationship and team work
Blood transfusion		Acute pulmonary edema (APE)
Drug administration		Acute myocardial infarction
Nursing documentation		Stroke
Geriatric care		Biosafety
Arterial hypertension; Diabetes		Humanization of care
Respiratory failure		Vasoactive drugs
		Diabetes Mellitus

As for the topics chosen from the practice needs, we noticed a greater concern with the technical issues of direct assistance. However, some of them involved broader issues such as quality care and interpersonal relationships and teamwork. Other subjects were also requested, such as those related to the organization of emergencies, like risk classification, a new and unknown issue, especially for those who are in the services for more than five years. We emphasize that most of the

meetings took place in the care facility itself. Nevertheless, due to the need to use the laboratories, some meetings happened in the academic environment. We also emphasize that in the first year of implementing the project, we were not able to cover all issues; nonetheless, we already designed a schedule to continue the activities in 2012.

In Continuing Healthcare Education (CHE), the knowledge needs and the organization of educational

demands arouse from the work process, showing paths and providing clues pointing to the training process. Under this approach, the work does not consist in an application of knowledge, rather is understood in its socio-organizational context and results from its own work culture. Therefore, it differs from the lists of individual demands for training, resulting from the evaluation of each one on what they lack or want to know, and very often guides the training initiatives⁽¹⁶⁾.

In the meetings, we planned to work with active methods. For that, we used the questioning with the issues experienced in the practice, round-table

discussion of professional experiences, practical lessons in the care facility and laboratory, discussion of texts, and lecture/dialogue classes. We emphasize that we understand active methods as an attitude towards the teaching and learning process.

Chart 2 presents the themes approached, besides the number of meetings, strategies used, and the average number of service professionals who attended each encounter. It is important mentioning that at each encounter we discussed the priorities for future meetings, where new issues may arise according to the local reality and needs.

Chart 2 - Themes approached with the nursing staff of three hospitals participating in the project of Continuing Healthcare Education. Santa Cruz, RN, Brazil, 2011

Hospital dos Pescadores			
Theme addressed	Number of meetings	Strategy used	Average number of professionals per meeting
Project presentation	4	Lecture/dialogue class	8
Cardiopulmonary resuscitation	6	Practical class in laboratory	6
Electrocardiogram (interpretation)	2	Lecture/dialogue class	9
Vasoactive drugs	2	Round-table discussions of professional experiences	10
Equipment handling	3	Practical class in care facility	10
Acute myocardial infarction	2	Questioning with daily issues experienced in practice/Discussion of texts	9
Cardiovascular evaluation	1	Questioning with daily issues experienced in practice/Lecture/dialogue class	12
Hospital Regional Aluízio Bezerra			
Theme addressed	Number of meetings	Strategy used	Average number of professionals per meeting
Project presentation	2	Lecture/dialogue class	12
Cardiopulmonary resuscitation	2	Practical class in laboratory	10
Risk classification	1	Lecture/dialogue class	16
Electrocardiogram (technique)	2	Practical class in care facility	12
Drug administration	1	Questioning with daily issues experienced in practice/Lecture/dialogue class	18
Patient monitoring	1	Practical class in care facility	13
Care of burn victims		Lecture/dialogue class	
Hospital Regional Padre João Maria			
Theme addressed	Number of meetings	Strategy used	Average number of professionals per meeting
Project presentation	2	Lecture/dialogue class	8
Cardiopulmonary resuscitation	2	Practical class in laboratory	7
Care of burn victims	1	Lecture/dialogue class	13
Diabetes Mellitus	1	Discussion of texts/Questioning with daily issues experienced in practice	12
Care of eclampsia patients	1	Lecture/dialogue class	11
Risk classification	1	Lecture/dialogue class	15

To produce changes in management and care practices, it is essential that the individuals are able to dialogue with the current practices and concepts. In other words, able to problematize them – not abstractly, but concretely in the work of each team – and build new pacts of coexistence and practices, bringing the health services closer to the concepts of integrated, humane and quality care, of equity and other important points of the reform processes of the Brazilian health system, at least in our case⁽⁴⁾. The real process of education can only be established after analyzing the real needs of the people involved⁽¹⁵⁾.

Difficulties and challenges in the implementation and development of CHE

CHE is a challenge because it proposes changes and transformations. It seems that we are facing the challenge of coming up with a new pedagogy, which involves the development of self-determined subjects socially and historically committed to the construction and defense of their individual and collective life. That puts the issue of the ethical-political worker in their acting in the center of the educational process, producing health care, individually and collectively, alone and as a team⁽¹⁷⁾.

In discussing the challenges, we emphasize that one of the objectives of this project is to advise the development of the Center for Continuing Education (CCE), because we understand the challenge and the difficulty of implementing and maintaining these actions, particularly in hospitals far from major urban centers. According to what the CHE proposes, we know that these actions must start from the service itself, although it is connected with other actors. In this context, it is important to note that some meetings took place only with professionals from the hospital itself, others with the participation of professors and students, which somehow demonstrates autonomy of services.

Nonetheless, in only one of the hospitals the CHE was consolidated, which has not yet been possible in the others.

The support, consultancies and advisory services, when implemented, should be able to organize their practice in order to make this production possible. They need to provide the pedagogy of Continuing Healthcare Education so they make sense and operate significant processes in that context⁽⁴⁾.

The regularity and participation of the entire team was different among the difficulties encountered. In two of the institutions, we were only able to hold the first meeting after six months of starting the project. During this period, we were raising awareness and dealing with the nursing management of the institution, which presented difficulties for implementing the project. In one institution, there was a change of nursing management, which hindered even more the process. Another issue is the availability of professionals to participate in the meetings and some did not. Professionals need to be involved with this process, prioritizing their participation. In turn, the institution management should create the necessary conditions to the professional's participation in activities.

In other situations, the participation or interest/involvement of the nursing team were also identified as a difficulty⁽⁷⁾. However, for another scholar, the resistance does not relate to the change itself, rather to the work that any change triggers, which involves reviewing itself. In a study conducted in Paraná, Brazil, this reception to the new was made possible as they were experiencing the CHE. Through participation in round-table discussions, the subjects reported that these feelings and attitudes were gradually changing, and the changes, even though modest, occurred in different workspaces⁽¹⁴⁾.

Concerning the number of meetings and the duration of each one, in a single institution, we were

able to hold regular monthly meetings, which lasted from two to three hours. In fact, for some themes, it took several meetings in a single month until we were able to reach a greater number of professionals. However, we considered it an insufficient time given the needs.

In that regard, it is worth mentioning that we need studies to correlate the amount of hours invested in educational programs and the quality of results achieved, so we can outline the number of training hours/month/year needed for the professional improvement⁽¹⁸⁾.

In another situation of CHE, in an experience with the Mobile Emergency Care Service (SAMU) team, we observed, despite offering more than one schedule for classes, the difficulty of relying on sufficient instructors to address the same content in several classes. The instructors of the SAMU team itself performed activities outside of their working hours and, despite suggesting to their coordinators to reduce it from the work scale, as an alternative compensation, this could not be achieved due to the precariousness of staff for compliance with assistance scales, making it impossible to excuse any server, rather than the normal scale⁽¹⁹⁾.

The greatest challenge is to transform health practices. There is a tremendous difficulty to implement the comprehensiveness and intersectorality, involving thinking, knowledge and practices in teaching, management, social control and professional practice. Thus, CHE should be thought of as a political act in defense of the SUS by building a political relationship between health education and work^(11,20).

FINAL CONSIDERATIONS

The experience of this project of Continuing Healthcare Education (CHE) reveals the importance and possibility of teaching and service integration in the continuing education of health workers in improving the quality of care and solidifying the Unified Health System

(SUS). Continuing education has a better integration with the services, given that the university should also give back to the institutions that serve as a training field for its students. The services benefit from knowledgeable and responsible professionals, and especially with a more conscious and qualified work. In addition, the population benefits from a better service.

In this context, Continuing Healthcare Education is a challenge for the services of the National Health System, through the articulation with other actors of teaching, management and social control. Therefore, we must face the challenge as a policy for each service, collectively, articulated with and supported by other sectors involved.

We understand that it is a long process, requiring the awareness both from professionals who are already in service and from future professionals, already during the training, as well as from the several actors involved. Therefore, it is necessary to implement the National Policy for Continuing Education. However, its success will depend on the performance and articulation of each service, the view of each manager and each professional.

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COLLABORATIONS

Morais Filho LA, Marinho CSR, Backes VMS and Martini JG contributed to the design, analysis, data interpretation, drafting and final revision.

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