

Experience Report

Training for SUS: the adherence trajectory of a course on occupational therapy to the inducing policies of curricular change Pró and PET-Saúde^{1,2}

Formação para o SUS: a trajetória de adesão de um curso de terapia ocupacional às políticas indutoras de mudança curricular Pró e PET-Saúde

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Abstract

Based on the relevance of formation-inducing policies for, with and in the Unified Health System (SUS), this article aims to present the participation of Occupational Therapy undergraduate course of Federal University of Rio de Janeiro in national policies (Pró-Saúde and PET-Saúde), as well as indicate the perspectives and challenges that still exist. It is an experience report about how, with other university courses, the Occupational Therapy course reviewed its curriculum matrix, creating new teaching and learning methodologies that provide professional training ethically committed to SUS and that recognize the strategic role of Primary Care in the ways of thinking and acting in health. In this context, a Basic Health Unit in the vicinity of the University was chosen and started to receive students from six subjects remodeled to promote greater integration between teaching and health service. Extension actions and research projects were also developed, covering populations historically served by Occupational Therapy, but with limited access to primary care.

¹ The projects that based the experience reported in this article were financed by the Ministry of Health, through the following programs: (a) National Program for the Reorientation of Professional Training in Health - *Pró-Saúde III*; (b) Education through Work for Health Program (*PET-Saúde*); (c) Education through Work for Health Program - Health Care Networks (*PET-Redes*).

² This article is the result of interventions, in which the following ethical aspects were observed: the projects that were the basis for the construction of this experience report were formally authorized by the municipal manager, and by the service manager; the results were validated with the members of the family health teams, who followed the reported experience; and data that could somehow identify professionals or users was omitted.

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Finally, a compulsory subject on the topic was created. The initiatives of the Occupational Therapy course were configured as resistance to processes in which the productivist logic captures the production of care. Therefore, they sought to raise awareness of the actors, to give visibility to their know-how aligned to the perspective of integrality, and to articulate them in the construction of fertile lands to produce health and living within the differences.

Keywords: Education, Continuing; Health Workforce, Occupational Therapy, Primary Health Care, Health Vulnerability.

Resumo

Tendo por base a relevância das políticas indutoras da formação para, com e no Sistema Único de Saúde (SUS), este artigo apresenta a experiência da participação do Curso de Graduação em Terapia Ocupacional da Universidade Federal do Rio de Janeiro no Pró-Saúde e no PET-Saúde, bem como indica as perspectivas e desafios que ainda se configuram. Trata-se de um relato de experiência a respeito de como, juntamente com outros cursos da universidade, o curso de terapia ocupacional se lançou ao desafio de rever sua matriz curricular, criando metodologias de ensino e aprendizagem que favorecessem uma formação profissional eticamente compromissada com o SUS e que reconhecessem o papel estratégico da Atenção Básica à Saúde (ABS) nos modos de pensar e agir em saúde. Nesse contexto, foi eleita uma unidade básica de saúde no entorno da Universidade que passou a receber estudantes de seis disciplinas obrigatórias remodeladas para promover maior integração ensino-serviço. Também foram desenvolvidas ações de extensão e projetos de pesquisa abarcando populações historicamente atendidas pela terapia ocupacional, mas com acesso limitado à ABS. Por fim, foi criada uma disciplina obrigatória sobre o tema. As iniciativas do curso de terapia ocupacional se configuraram como resistência a processos de captura dos modos de produção do cuidado pela lógica produtivista, insistindo na sensibilização dos atores, na visibilidade a seus modos de saber-fazer alinhados à perspectiva da integralidade, e na articulação da construção de terrenos férteis para a produção de saúde e convivência com e nas diferenças.

Palavras-chave: Educação Continuada, Recursos Humanos em Saúde, Terapia Ocupacional, Atenção Primária à Saúde, Vulnerabilidade em Saúde.

Introduction

Brazilian legislation determines the universality and comprehensive health care with the provision of prevention, promotion, protection and rehabilitation actions at all levels of care (Brasil, 1990), determining that the gateway to the health care system is Primary Health Care - PHC (Brasil, 2017). However, according to these principles, the implementation of the Health Care Network (*RAS*) still faces numerous challenges highlighting the professional training. There is a need for the permanent training of professionals to work in the Unified Health System (SUS), together with the change in the training of future professionals, preparing them to work in the different scenarios of the Brazilian public health system (Ceccim & Feuerwerker, 2004; Feuerwerker, 2007).

In this sense, several authors emphasize that professional training in health is still a mirror of what is produced in the academy and is traditionally focused on disease and specialized care, offered predominantly on an individual basis and at the hospital and outpatient levels. Such training has not prepared professionals for the reality and needs of the population and has been set apart from the complex and specific demands that arise in PHC, which demand new ways of acting, guided by interdisciplinarity and intersectoriality with a focus on soft care technologies (Brasil, 2004, 2007; Marsiglia, 2012; Reis et al., 2012; Rocha & Souza, 2011).

The National Curriculum Guidelines (*DCN*) created an important measure to reverse this process pointing out that professional training in the health field must emphasize the needs of SUS (Brasil, 2002; Marsiglia, 2012). The occupational therapy undergraduate NCDs establish that the training of occupational therapists should enable them to participate in comprehensive health care for the population, with prevention, promotion, protection and rehabilitation actions, emphasizing the teamwork. Such actions, which can occur individually or collectively, must take place integrated with the other instances of the health system, considering their regionalization and hierarchy (Brasil, 2002).

Another strategic action was the creation of the Secretary for Management of Work and Health Education (*SGTES*), which led to the publication of the National Ordinance for Permanent Education in Health (*PNEPS*), in 2004, and the development of actions aimed at reorienting of professional training, for the valorization of Primary Health Care and for the strengthening of SUS. Permanent education, of an interdisciplinary character, is integrated into the daily work and part of the real needs and situations of the service; it involves actions that provide meaningful learning and problematization of practice, aiming to improve work processes and increase the efficiency of the health system. For its effectiveness, the articulation between educational institutions, services and the community is essential (Brasil, 2018; Miccas & Batista, 2014).

In this context, *SGTES* launched, in 2005, the Reorientation National Program in Health Professional Formation (Pró-Saúde) through a partnership between the Ministry of Health, the Ministry of Education and the Pan American Health Organization/World Health Organization (PAHO/WHO). This was initially aimed at the courses of Medicine, Nursing and Dentistry, but, later, it was extended to the other health professions (Miccas & Batista, 2014, p. 13). The main focus of Pró-Saúde is the teaching-service integration, aiming to encourage the transformation of professional training, the generation of knowledge and the provision of services to the population, “[...] ensuring a comprehensive approach to the health-disease process with emphasis on primary care” (Brasil, 2007, p. 17). Along with Pró-Saúde, the Education through Work for Health Program (PET-Saúde) was also instituted and its assumptions are: education through work and professional performance guided by the critical spirit, citizenship and the social function of higher education, guided by the principle of inseparability between teaching, research, extension and service (Brasil, 2011).

At the end of 2011, a forum was set up to prepare the adhesion of the Federal University of Rio de Janeiro (UFRJ) to Pró-Saúde III. The occupational therapy course aimed to contribute to the achievement of two important goals previously mentioned: the permanent training of professionals in PHC, favoring the integration of the university with the surrounding community, and academic training in an integrated way with the reality of public health care, providing the practical experience of care to the population through the Family Health Strategy (FHS).

Given this scenario, this article aims to present the participation of Undergraduate Course in Occupational Therapy of UFRJ in Pró-Saúde and PET-Saúde, as well as indicating the perspectives and challenges that are still configured to achieve the goals set. The relevance of the presentation of this experience lies in the possibility of providing subsidies that feed the discussion of training, with and in SUS in a dialogue with occupational therapy.

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The Undergraduate Course in Occupational Therapy at UFRJ was created in 2008 by the Program to Support Federal University Restructuring and Expansion Plans (Reuni). Bearing in mind that the pedagogical project of the course was developed in accordance with the DCN, the training of future occupational therapists would be focused on SUS. However, the implementation of an action methodology on this topic was still fragile.

Therefore, with the implementation of the course, the research and extension subjects and actions were still primarily focused on medium and high complexities and in the areas of clinical specificity, with practices based on university services, with little insertion in other practice scenarios in the SUS network, especially in PHC. On the other hand, few mechanisms for interlocution between the subjects of the course were also identified, and even rarer in the teaching and extension together with other undergraduate courses. Thus, adherence to the Pro-Saúde and PET-Saúde programs was an attempt to overcome these issues and promote a self-reflection on the process of training in occupational therapy.

National Program for the Reorientation of Professional Training in Health – ProSaúde III in the Occupational Therapy Course at UFRJ

With the adhesion to Pró-Saúde III, in 2012, the professors of the occupational therapy course started to focus on their curricular matrix and to envision methodological changes, maintaining the original matrix. In this process, the course was committed to insert six of its mandatory subjects in the SUS practice scenarios. This insertion was characterized by scheduled visits to the services of Programmatic Area 3.1 (PA 3.1) in the city of Rio de Janeiro, a region located around the campus.

Together with the adhesion process to Pró-Saúde III, the twelve health courses at UFRJ submitted research projects to compete for the PET-Saúde call since, for the first time, this call was linked to Pró-Saúde. Thus, in 2012, the undergraduate course in occupational therapy had an approved PET-Saúde project, which addressed the care of people with disabilities in the FHS. The following year, within the scope of the PET-Redes public notice, a second project addressing the dialogue between the Psychosocial Care Network (*RAPS*) and the PHC was also approved.

In view of the joviality of the course at the university, the approval of the PET-Saúde and PET-Redes projects was recognized as an example, as it demonstrated that the training in occupational therapy had already considered the construction of professional profiles in line with the principles of SUS, since the beginning of its implementation.

Obligatory subjects of the occupational therapy course: modulations from the adhesion to Pró-Saúde III

As advocated by health policies and policies that induce training for SUS, PHC is the main strategy for replacing the traditional model of organization of health care, historically

centered on disease and hospital care, and for the reorientation of curriculum. In addition to being the gateway to the system, PHC has the role of coordinating care and is a communication center for RAS (Brasil, 2007, 2017).

Based on this, PHC was the main bet of UFRJ courses that joined *Pró-Saúde III*. To get closer to the network, the Basic Health Units located in PA 3.1 were mapped and a team of professors visited the services to survey the most appropriate fields, considering the presence of preceptors and physical space to receive students.

Thus, the occupational therapy course took place in a mixed model health unit that had outpatient care and four FHS teams, and also specialized care in homeopathy, psychology, physiotherapy, occupational therapy, speech therapy, nutrition, dentistry and social service.

Six subjects were agreed upon that began to articulate actions in the health unit, as shown in Table 1. Despite the actions already taken, the Structuring Teaching Nucleus (*NDE*) of the course started to discuss the need for greater insertion of students in follow-up activities the reality of SUS services and their patients, at different levels of health care, and the importance of including SUS as a transversal theme in the curriculum.

Table 1. Subjects of the Undergraduate Course in Occupational Therapy at UFRJ and its Actions Related to Primary Care/Unified Health System

Subjects	Actions developed
Occupational Therapy in Mental Health	Carrying out home visits, together with the FHS teams, in cases of mental health, so that students know the work processes of FHS teams with the CAPS (Psychosocial Care Centers), among other services and sectors. Participation in the event in celebration of the 18 th of May - Anti-asylum Day.
Occupational Therapy, Anthropology and Sociology	Implementation of the Family Fair project, aimed at identifying local activities and encouraging solidarity economy, which included the participation of students of the subject, extension scholarship holders and the PET-Saúde and PET-Saúde/RAPS projects.
Administration, Planning and Management in Occupational Therapy	Visits to the Health Unit so that students could learn about the work processes of FHS teams and the management of a Basic Health Unit (UBS). It counted on professionals from the services as invited professors in the referred discipline of UFRJ.
Occupational Therapy in Child Health	Conducting home visits and UBS programs related to the maternal and child care line.
General Occupational Therapy	Carrying out home visits and the Unit's occupational therapy service so that students could learn about the work processes of the FHS teams and the occupational therapist with different populations. Participation in the organization of the activities of the Family Fair event.
Occupational Therapy Internship: Mental Health and Social Occupational Therapy	Conducting curricular internship practice in occupational therapy in mental health and social occupational therapy, privileging actions in Primary and Territorial Care.

Source: elaborated by the authors.

In addition to the insertion of these subject in the SUS practice scenarios, other initiatives were implemented to encourage the reorientation of training, which will be presented below.

Extension projects, courses and events via Pró-Saúde

The approach of the course with the health service allowed to know the needs of the population assisted by the FHS teams that supported the development of three extension actions, shown in Table 2.

Table 2. Actions to extend the occupational therapy course developed within the scope of policies that induce training for the SUS.

Action title	Type	Objectives
Forming Threads of Mental Health Care	Project	To promote access to PHC services for people with histories of psychological distress, mental disorders and who make harmful use of alcohol and other drugs, promoting, together with the FHS teams, welcoming practices and construction of Unique Therapeutic Projects (UTP) with emphasis on collective work, especially workshops, and integration of actions between PHC, CAPS and other services and sectors.
Art, Culture and Accessibility in Primary Care	Project	To promote art and body activities aiming at welcoming and building a line of care for children referred to the FHS, and their accompaniment with the teams, matrices and school in the territory.
Attention to the health of people with disabilities in the Family Health Strategy	Course	To sensitize primary care professionals regarding the reception and care of people with disabilities; train them in the primary and secondary prevention of disabilities and in offering basic rehabilitation guidelines.

Source: elaborated by the authors.

In addition to the aforementioned extension actions, two new extension projects were subsequently carried out, integrated with the existing ones: the community events “Commemoration of the 18th of May - Anti-asylum Day” and the “Family Fair”. These events took place in an integrated and concomitant manner, with the participation of patients and workers of UBS, students and professors involved in extension projects, PET-Saúde projects and in subjects related to the themes of the events, in addition to workers and patients of others services of the Psychosocial Care Network (RAPS) and other sectors.

Workshops, artistic-cultural presentations by patients of mental health in the FHS and CAPS, presentation of posters prepared by students of the subjects and exhibition of products developed by patients of mental health in PHC and CAPS, integrating in a unique way the actions of PHC and RAPS were held. The Family Fair consisted of an exhibition of products made by residents of the territory covered by the FHS, aiming at both the possibility of generating income and teaching techniques for carrying out artisanal activities. The event reached the number of 38 registered exhibitors.

The relevance of these extension events was shown in the empowerment of individuals and communities based on the recognition and promotion of the diversity of local culture and the participatory management of health-culture actions in the territory. The events had the following results: strengthening of workshops that were already taking place in the FHS, expanding their production and guaranteeing access to people with psychological distress and disabilities; raising

awareness of FHS teams to build spaces for health promotion and social participation; income generation and political qualification through articulation with social movements.

The Education Programs for Health Work/PET-Saúde in the Occupational Therapy Course at UFRJ

The Occupational Therapy course at UFRJ developed two PET-Saúde projects related to Permanent Education to contribute both to the training of students in real SUS scenarios and Primary Care professionals, especially those who played a role of preceptors of scholarship students. The technical-pedagogical support work developed by the PET-Saúde projects with the FHS teams was aimed at populations traditionally assisted by occupational therapy, and who usually have difficulty accessing the network or, when they do, directly access services of greater complexity, remaining in an invisibility zone with regard to PHC.

PET-Saúde - Attention to the health of people with disabilities in the Family Health Strategy: discussing needs and new possibilities of care.

This project aimed to promote the integration of teaching, service and research in the territorial health care practices for people with disabilities, through the analysis of the actions developed by the professionals of the family health teams. The team was composed of a tutor (professor of the occupational therapy course); six professional preceptors from the Family Health Strategy (FHS) teams and 20 students from the occupational therapy course who occupied 12 PET-Saúde grants over their 36-month duration.

The project was developed in three stages, from 2012 to 2015. In the first stage, students had a period of four months to learn about the work processes at the FHS. The students were divided into trios, which were linked to the FHS teams for immersion in their daily actions (Saporito, 2013).

The second stage of the project, which lasted six months, aimed to map the population with disabilities assisted by the teams. As a source of data, we used the records of the family register form in the area (Form A), which feed the Primary Care Information System (SIAB). Form A was chosen as the source because it is the family register that contains basic data on the socioeconomic, health and housing characteristics of families and their individuals (Saporito, 2013).

The existence of the record of at least one person with physical, mental or sensory disability, was the criterion for inclusion of the records. In this sense, 216 out of 3,983 documents had a register of people with disabilities. The analysis of these records showed that there were inconsistencies in filling out the forms with regard to people with disabilities, such as, for example, people who wear glasses were registered as visually impaired (Saporito, 2013).

The third and final stage of the project aimed to analyze tracing cases, which, according to Tansey (2007), is a strategy used in qualitative research to obtain information on specific processes. The use of tracing cases occurs from the identification of key situations or actors that illustrate in a more representative way the phenomenon to be investigated. Thus, each team was asked to list three cases of people with disabilities considered to be complex

management, so that students could follow the development of the Unique Therapeutic Projects (UTP) related to these cases.

W analyzed the results of these three stages of the research and showed that the care of people with disabilities in PHC is an important way to reduce the inequality of access of this group to the health system. Therefore, we need to disseminate among FHS professionals the possibility of building UTP based on the reality of the communities and aimed at increasing the social participation of people with disabilities (Schultz & Alonso, 2016).

PET-Saúde/Redes: forming threads in Family Health

From the 2013 PET-Saúde/Redes Public Notice, the occupational therapy course started the intervention-research project entitled “*PET-SAÚDE MENTAL: forming threads in Family Health*”. This project was designed in an integrated way with the extension project “*Forming Threats do Mental Health Care*”, both coordinated by the same professor from 2013 to 2015. The PET-SAÚDE MENTAL team was composed by a tutor (professor of the occupational therapy course); six professional tutors who are part of the Family Health Strategy (FHS) teams and the partner service outpatient clinic; 12 fellows from occupational therapy and social work courses, and five volunteer students from occupational therapy and dance courses.

The PET-Saúde Mental and extension projects were created based on the identification of demand from the FHS teams in the mental health care of the enrolled population, which pointed to a paradoxical situation: on the one hand, some workers said they did not know what to do with the mental health cases referenced by the service and, on the other hand, some said there was no demand for attending mental health cases.

These projects sought to build, together with the Family Health teams, new ways of thinking and acting in mental health, promoting access to mental health patients to health services at different levels of complexity - especially in PHC, expand the intersectoral care network in the territory, and provide support to FHS teams to monitor cases, together with Social Assistance, Education, Sports and Leisure. The stages of the research were: a) mapping of people with mental disorders in the territory, including cases of alcohol and other drugs; b) survey of cultural and leisure activities in the territory; c) mapping the intersectoral and mental health services of the Psychosocial Care Network (RAPS) in the territory; d) creation of workshops with the FHS to host mental health cases.

As a result of this research-intervention, we created workshops involving FHS workers in the monitoring of mental health cases, which were later coordinated by professionals from the Family Health Support Center (NASF), implanted in the territory in early 2015. Some workshops had greater adherence and lasted after the completion of PET-Saúde Mental, such as the “*Women's craft workshop*”, aimed at FHS patients with different histories of psychological distress and/or drug use, and the “*Family Garden*”.

The implementation of these mental health care devices at the BHU showed the importance of integrated work between teaching, service, research and extension, demonstrating the circularity of the process. Undergraduate students, PHC workers and professors/researchers at the university, in direct proximity to patients improve for the construction of effective health practices for the population. Such a process highlights the relevance of the integration between university, service and community.

Results Achieved and Challenges Found

The impacts of Pró/PET-Saúde on the Undergraduate Course in Occupational Therapy at UFRJ highlighted actions inside and outside the university and generated important results in reorienting the training of students and assistance in the partner health unit. The work carried out within the scope of integrating teaching, extension and research in the service fostered intersectoral actions, involving the Family Health Strategy (FHS), the equipment from the Psychosocial Care Network (RAPS), Social Assistance and Education, producing a shift the role of teams, from referrals to care partners.

FHS professionals reported that the projects were a bet on the teams by incorporating new care strategies created in contact with students. Thus, the teaching-service integration enabled a greater articulation of the unit with the network, which was already the intention of the teams, and the partnership with the university helped to bring it about. Inducing policies have been identified as important contributions to the strengthening of interprofessional health education (Brasil, 2018).

The PET-Saúde and extension projects highlighted the health needs of people with disabilities and psychological distress in PHC based on the acceptance of health and culture actions in the territory. As a result of the work developed, it was possible to articulate lines of care for children and adults in psychological distress and for people with disabilities and their families in the perspective of integrality and facing situations of social vulnerability with the FHS teams.

Regarding the mental health, the actions allowed the expansion of the understanding of psychological suffering, showing that the reception of mental health cases must also be done in the territory by the FHS professionals, who started to identify the strategies already developed by the teams and mental health actions.

Regarding the population with disabilities, the implementation of PET-Saúde enabled to identify the need for a greater approximation of FHS professionals with the discussion of the care of people with disabilities to demystify that the health needs of this population group would be linked to specialized rehabilitation centers. The project developed strategies aimed at increasing the social participation of people with disabilities, with the FHS having a privileged stage (Schultz & Alonso, 2016), like the work developed by Rocha & Kretzer (2009).

The extension events enabled to stimulate the debate on madness and social exclusion in the territory and the mobilization of communities with the sub-prefecture for modifications in the space of the square in which they were held, aiming at the accessibility of all, especially people with disabilities. The participation of community leaders, residents and health teams in the co-management of the events prompted the invitation to the partner health unit to be a model unit of participative management, creating the collegiate manager of the unit with the participation of one of the patients of PET-Saúde and a professor at PET-Saúde Mental. This achievement was evaluated by the BHU management as a result of the partnership with the UFRJ occupational therapy course projects.

The different initiatives presented in this article have generated an increasing number of students interested in the areas of PHC and its interface with the fields of people with disabilities and mental health. The change in the students' view, immersed in the context of health work, enabled to understand that the work of the occupational therapist, in any

area or level of complexity, should have as principles the inter or transdisciplinarity, the integrality of care and the territorial responsibility of the assistance. The participation of students in the reported actions allowed them to be instrumentalized to provide support to teams and care interventions, considering the social determinants of health, which is consistent with the assumptions of PHC.

As a result of a greater focus on the subject of PHC and the perception of the collegiate of the course and the students regarding the need to guarantee a permanent space for their discussion in professional training, in 2018, the offering of a subject began mandatory in the course, called occupational therapy in primary health care. The creation of this subject, added to a greater approximation of pre-existing subjects with PHC and the development of other research and extension projects carried out in the municipal health system can be the result of policies that induce curricular change that continue until the current days. The evaluation of the impact of the aforementioned actions on the training of students is the subject of an ongoing research.

Professors recognize many achievements in this period of adherence to Pró-Saúde III, but at the same time they perceive challenges to be overcome. In this sense, the need to expand the actions of the subjects and strengthen the dialogue with professors who did not have a clinical and training experience focused on the SUS stands out. It is evident the importance of continuing to create policies that induce changes in training for the SUS to align them with the extension and research policies of the university, equating the actions under the scope of the Pró/PET- Health to other activities of the teaching career. These problematizations are implicated in the ongoing curriculum reform and support the creation of new teaching and learning methodologies in a sustainable manner and integrated with health services.

Within the university, some mistakes in the organization of the Pró/PET-Saúde groups hinder to build interdisciplinary projects, which did not favor the creation of common subjects in the curricula and the integration between the actions of the different courses. As a consequence, the projects developed intracourses and their insertion in the services took place independently. Despite this, the training of students had the opportunity to participate in interdisciplinary actions based on contact with the FHS teams and with students from other areas, which enabled to experience teamwork.

We observed two challenges in the occupational therapy course: one refers to the view still rooted in the clinical specialty, which leads to actions in Pró-Saúde based on the content of the subjects with an illustrative character, far from what is recommended by the policies of induction of curriculum guidance for SUS. Thus, in most subjects, actions were restricted to occasional visits that have little benefit for the community/population, still in a unidirectional model that does not come close to the shared construction of knowledge between service and university.

Regarding the health services, the challenges found refer to the management modes imposed on the services, which have been configured based on excessively bureaucratic paths, favoring a view of productivity assessed by the number of procedures. This way of organizing work in the FHS interferes with the availability of workers to get involved in health promotion actions, in the coordination of care in the RAS and in the encouragement of social control, also provided in the National Primary Care Policy (Brasil, 2017). The lack of commitment in the professionals' view is a reflection of the differences in the attributions and bonuses given to the

team members. In particular, community health agents demanded recognition of their involvement in Pró/PET actions with the possibility of being listed as preceptors.

Miccas & Batista (2014) point out the need to maintain public policies that foster permanent health education and coordination with educational institutions, and the provision of financial and human resources for this purpose. However, there is a weakening of programs that have this objective, such as the reduction of resources allocated to Pró/PET Saúde in its last editions.

The health crisis in the Municipality of Rio de Janeiro is another factor that goes against the efforts to strengthen PHC and training in and for SUS, which occurred in 2018. In this scenario, there was a great reduction in the number of family health teams, with the consequent increase in the proportion between patients and teams, which evidenced an increasing emphasis on productivity and the fragility of employment bonds through Social Health Organizations (Melo et al., 2019). Such facts do not only have implications for the daily routine of services, but also for educational institutions, which face new challenges for professional training in health, in a context of greater precariousness of assistance and devaluation of workers, their knowledge and their reflection on practice.

Conclusion

The initiatives of the occupational therapy course with the Pró/PET-Saúde were configured as resistance to processes of plastering and capture of the production modes of care by the productivist logic, insisting on the awareness of the actors to give visibility to their modes of know-how aligned to the perspective of welcoming and integrality, and to articulate them in the construction of fertile land for the production of health and living with and in the differences. The actions developed enabled the articulation and joint training of professionals, professors and students, favoring changes in the curriculum in the sense of a closer relationship with Primary Health Care. Thus, we can observe the importance of policies that induce curricular changes and actions aimed at the articulation between education, services and the community, for the strengthening of SUS and the transformation of health practices.

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Author's Contributions

Carolina Maria do Carmo Alonso, Ana Paula Martins Cazeiro, Marcia Cabral da Costa and Renata Caruso Mecca participated in at least one of the actions in this article, and contributed to the elaboration and review of the text, under the coordination of Carolina Maria do Carmo Alonso. All authors approved the final version of the text.

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