HEALTH AND SOCIETY PORTAL JOURNAL

Case Report

# RODA DE CONVERSA COMO ESTRATÉGIA PARA GESTÃO E EDUCAÇÃO PERMANENTE EM SAÚDE

## CONVERSATION CIRCLE AS STRATEGY FOR MANAGEMENT AND PERMANENT EDUCATION IN HEALTH

## RUEDA DE CONVERSACIÓN COMO ESTRATEGIA PARA GESTIÓN Y EDUCACIÓN PERMANENTE EN SALUD

Everson dos Santos Melo[1], Sérgio Seiji Aragaki[2]

**RESUMO**

**Objetivo:** relatar a experiência de utilização das rodas de conversa, no contexto de trabalho do Sistema Único de Saúde, junto a equipes do Núcleo Ampliado de Saúde da Família e Atenção Básica, em um município do Nordeste brasileiro, como forma de fomentar a discussão dos processos de trabalho e a gestão destes. **Método:** trata-se de um estudo descritivo, reflexivo, analítico de fatos ou fenômenos, integrando construções teóricas e práticas. **Resultados:** foi uma experiência que integrou ensino e serviço de saúde, tendo sido disparada durante uma disciplina sobre humanização da saúde em um mestrado de ensino na saúde. **Conclusão:** utilizar as rodas de conversa no serviço de saúde abriu um espaço de diálogo e alternativa para a gestão do trabalho, além de possibilitar aprendizagens por meio de troca de experiências e reflexões críticas sobre a atuação em saúde.

**Palavras-chave:** Educação Permanente; Estrutura de Grupo; Gestão dos Serviços de Saúde.

**ABSTRACT**

**Objective:** to report the experience of using the conversation circles, in the context of the work of the Unified Health System, with teams of the Extended Family Health and Primary Care Nucleus, in a Northeastern Brazilian city, as a way to foster the discussion of the processes of work and the management of these. **Method:** it is a descriptive, reflective study, analytical of facts or phenomena, integrating theoretical and practical constructions
**Results:** it was an experience that integrated teaching and health service, and was triggered during a course on humanization of health in a master's degree in health education. **Conclusion:** using the conversation circles in the health service opened a space for dialogue and alternative for work management, in addition to enabling learning through the exchange of experiences and critical reflections on health performance.

**Keywords:** Permanent Education; Group Structure; Health Services Management.

[1]Master. Municipal Health Secretariat. Palmeira dos Índios (AL), Brazil.
[2]PhD. Federal University of Alagoas. Maceio (AL), Brazil.

**RESUMEN**

**Objetivos:** el objetivo de este trabajo es relatar la experiencia de utilización de las ruedas de conversación en el contexto de trabajo del Sistema Único de Salud, junto a equipos del Núcleo ampliado de Salud de la Familia y Atención Básica en un municipio del nordeste brasileño, como forma de fomentar la discusión de los procesos de trabajo y la gestión de éstos. **Método:** se trata de un estudio descriptivo, reflexivo y analítico de hechos o fenómenos, integrando construcciones teóricas y prácticas. **Resultados:** fue una experiencia que integró enseñanza y servicio de salud, habiendo sido disparada durante una asignatura sobre humanización de la salud en una maestría de enseñanza en salud. **Conclusión:** Utilizar las ruedas de conversación en el servicio de salud abrió un espacio de diálogo y alternativa para la gestión del trabajo, además de posibilitar aprendizajes por medio de intercambio de experiencias y reflexiones críticas sobre la actuación en salud.

**Palabras-clave:** Educación Permanente; Estructura de Grupo; Gestión de los Servicios de Salud.

## INTRODUCTION

The conversation circle has been used frequently in several spaces, among them, in health, with different purposes and publics, constituting a democratic space. Thus, the circle method bets on the possibility of establishing co-management systems that produce as much commitment and solidarity with the public interest as reflective capacity and autonomy of the agents of production. The construction is of operation of collective spaces considered methodological issues.[1]

It is important to highlight that the National Humanization Policy (NHP) brings the promotion and organization of circles as a tool that provides and strengthens co-management. By putting the differences between the knowledge, feelings, desires and needs of different subjects (managers, workers and users) in contact, there are destabilizing movements and the opening of negotiation processes of these differences, which produces changes and improvements in management practices and health care.[2]

The informal model of the conversation circle is an example of a democratic learning space, which promotes the inclusion and cooperation of participants in the construction of the educational process. In this context, the subjects' knowledge is considered for the critical analysis of the worked content.[3]

Regarding the educational practices that may occur in the circles, characteristics such as horizontal dialogue are evidenced, providing reflective attitudes towards everyday situations. In this scenario, there may be a meeting between scientific and popular knowledge, and all participants learn and teach.[4]

It is also important to highlight that for the conversation circles to become effective as a pedagogical strategy from the perspective of permanent education and / or as a NHP device for co-management, it is necessary to overcome the pedagogical model based on the transmission of knowledge in the logic of the little participatory "school model".[5]

In this perspective, instead of communicating, the educator makes "announcements" and deposits that the students, mere incidences, patiently receive, memorize and repeat. This is the "banking" conception of education, where the only scope for action offered to students is to receive deposits, store and archive them.[6]

However, the conversation circle has spread, especially in health, as an innovative strategy in working with groups, in contrast to banking education. Therefore, it is relevant to highlight experiences in which its use converges with the above-mentioned conceptions, contributing to more democratic ways of working, training and health management and health producers.

It is in this perspective that the objective of this paper is to report the experience of using the conversation circle in the work context of the Unified Health System (UHS), with teams of the Extended Family Health and Primary Care Center (EFCC / PC), in a city in the Northeast of Brazil, as a way to encourage discussion of work processes and their management through the active participation of the subjects, surpassing the traditional model of vertical meetings.

## METHOD

The methodology used in this paper is descriptive, reflexive and analytical, having as characteristic observe, record, analyze and describe facts or phenomena.[7] This account results from a reflection that integrates theoretical and practical constructions, uniting teaching and service. More precisely, it consists of an account of an experience triggered in the course of a course on Humanization of Health in a Master's degree in Health Education. During this course, it was proposed to hold conversation circles in the health services where students worked. Thus, in this work, these activities were developed with four EFCC / PC teams, a service coordinated by one of the authors.

## RESULTS AND DISCUSSION

In the aforementioned service, two conversation circles were held. The first took place on May 8, 1818 with nine EFCC / PC professionals: three social workers; three physical therapists; two Physical Education professionals and one psychologist. These workers were invited during a monthly meeting with the coordination, where it was made clear that participation was voluntary and the objective was to promote a space for listening and dialogue about work in the UHS and about humanization in this context.

From the beginning, it was evidenced that the proposal was to exchange knowledge, sensations and ideas, deconstructing an informative language of lectures and the idea that there would be a possessor of knowledge or reason.[8]

The circle began with a brief presentation of the work proposal after the clarifications and agreements made for the development of the work. The circles are started with the agreement of the coexistence contract, seeking to reflect the flexibility of human relations and can, even after agreed, be resumed and modified. Respect for the speech of others and different knowledge and the guarantee of confidentiality and respect for the time are also agreed.[9]

Then, a trigger question was asked: "What is it like to work at UHS?". Then, there were talks about structural difficulties, lack of resources, low worker appreciation, culture of biomedical vision and problems in reception. But some lines showed that the UHS works, only that there is a "culture" that in the public service, nothing works. There were also some mentions about the need for humanization of health work.

The establishment of the employment contract allowed the expression of those present, bringing convergent and divergent opinions, characterizing a space for negotiating points of view, without the production of disputes. From this perspective, the conversation circle materializes as an educational strategy that provides an environment in which subjects can exchange information, experiences and living.[10]

Another question was inserted when the question of humanization of health was brought to the scene: "What is meant by humanization?". Given this, many referred to the way to serve the user (serve well), while others pointed out that a change in this posture when serving depends on the professional. It was also

highlighted the formation as important for the humanization of health and pointed out that this theme should be addressed since graduation.

Still in this second moment of the discussion, when talking about humanization, different meanings emerged on the theme: empathy; awareness; change of attitude of the professional; enlarged look; completeness; host; network; Communication; listening and working conditions.

In this context, in which different versions have emerged, it is understood that the circles figure as a possibility for reflection on how knowledge is produced in daily life, a path to new understandings in the weaving of new wires for a definitely incomplete, changing and expanding network.[11]

Finally, the circle mediator briefly presented some NHP points (principles, guidelines, methods and devices), showing the perspective brought by this policy on the humanization of health. A counterpoint was made with the statements presented, stressing that the various understandings are important, even if distinct from those proposed in the NHP.

During the activity, the role of the mediator assumes importance, since whoever leads is seen as a facilitator and, concomitantly, participant in a dialogue. In their role, part of the experience and knowledge of each, promoting the problematization, seeking information for reflection and discernment informed for action.[12]

Thus, it was understood by the group that humanization, based on what the NHP proposes, does not occur through punctual and isolated actions, but through communication between the different subjects and collectives and their active participation in the management and attention.

The work done considers another aspect: worked themes can be variable. Participants choose the agenda based on the team's weaknesses, doubts and longings. At the end of each round, the participants are invited to evaluate the meetings, being an important space that helps to ease the conflicts and anxieties inherent to the work.[13]

After the explanation was made, the circle was closed with an assessment of the moment, with suggestions and pacts for the next circle. It was suggested by one of the workers, and accepted by all, that these moments should occur continuously and periodically.

The second round was held on 05/06/18 with twelve EFCC / PC professionals: three psychologists; five social workers and four physical

therapists. It began with a brief rescue of what had happened in the first moment and the pacts made. Next, we discussed the assumptions for the creation of NHP, resuming the understanding of its principles, method, guidelines and devices. Each professional brought their point of view about these aspects based on the available reading (NHP textbook) and the activities they perform.

The group, then, was sharing their ideas and (re) building some understandings, reflecting on concrete possibilities for the implementation of NHP (analysis and change in health care practices, management and training) and, especially, on the importance of this dialogue space - listening, welcoming and speaking - and discussion in context and about work.

The meeting ended with the positive evaluation of the participants, who considered the moment important for their formation / performance in UHS. Finally, the day, time and topic to be discussed were negotiated. It was also proposed and accepted that the coordination function of the next conversation circle could be performed by another member of the group.

## CONCLUSION

Given the above, it is possible to realize that the conversation circles are a powerful and versatile tool, and can be used as a pedagogical strategy, allowing ne to discuss, reflect and (re) build concepts and practices. It can also be a health work management strategy by allowing everyone to have a voice and voice their opinions and suggestions on health work problems and solutions.

For all this, the circles are placed as a space for dialogue, exchange of experiences and promotion of reflection, where the circulation of the word and interaction in a democratic way are valued. And, in this sense, it is considered as a place of learning provided by the active participation of the subjects involved.

Thus, the realization of these circles in the health service opened a space for dialogue and alternative to manage multi-professional teamwork in health, promoting learning that, until that moment, did not perceive themselves as possible.

In addition, the circle as a method, through the inclusion of subjects and the negotiation of differences between them, produced interdisciplinary work that reaffirmed the principles of NHP: the inseparability between care and health management; the increase of communication and the production of less

authoritarian and more horizontal relations of knowledge and power (cross-sectionality) and the defense and increase of the protagonism and autonomy of the people participating in the process [14].

Finally, it is noted that the contributions from the work done through the circles were considered very important by the team, which resulted in the proposal of continuity of the circles.

## REFERENCES


1. Campos GWS. Um método para análise e cogestão de coletivos: a constituição do sujeito, a produção de valor de uso e a democracia em instituições: o método da roda. São Paulo: Hucitec; 2000.

2. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Política Nacional de Humanização da Atenção e Gestão do SUS. Gestão participativa e cogestão [Internet]. Brasília: Ministério da Saúde; 2009 [cited 2009 Aug 10]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/gestao_participativa_cogestao.pdf

3. Mandrá PP, Silveira FDF. Users' satisfaction with a conversation circle program in the waiting room. Audiol Commun Res. 2013; 18(3):186-93. Doi: http://dx.doi.org/10.1590/S2317-64312013000300008

4. Silveira EAA, Ribeiro JEO, Oliveira LA, Silva NA, Lima EHO. An experience of health education among nursing students and adolescents from pescar project. Rev Enferm Cent-Oeste Min. 2017; 7:e762. Doi:10.19175/recom.v7i0.1931

5. Davini MC. Enfoques, Problemas e Perspectivas na Educação Permanente dos Recursos Humanos de Saúde. In: Ministério da Saúde (BR), Secretaria de Gestão do Trabalho e da Educação na Saúde, Departamento de Gestão da Educação em Saúde. Política Nacional de Educação Permanente em Saúde. Brasília: Ministério da Saúde; 2009. p. 39-58.

6. Freire P. Pedagogia do oprimido. 17th ed. Rio de Janeiro: Paz e Terra;1987.

7. Mattos M, Rossetto A, Blecher S. Metodologia da Pesquisa em Educação Física. 3th Phorte: São Paulo; 2008.

8. Silva GGS, Pereira ER, Oliveira JO, Kodato YJ. A moment dedicated to waiting and to health promotion. Psicol Ciên Prof 2013; 33(4):1000-13. Doi: http://dx.doi.org/10.1590/S1414-98932013000400017

9. Sampaio J, Santos GC, Agostini M, Salvador, AS. Limits and potentialities of the circles of conversation: analysis of an experience with young people in the backcountry of Pernambuco, Brazil. Interface ccomun saúde educ. 2014; 18(2):1299-312. Doi: http://dx.doi.org/10.1590/1807-57622013.0264

10. Mantovani MF, Maciel KF, Pelinski A, Gaio DM, Fusuma F, Ulbrich E. Dificuldades no tratamento da doença crônica: relato de experiência de atividade de extensão. Ciênc Cuid Saude. 2011 Jan/Mar; 10(1):157-61. Doi: 10.4025/cienccuidsaude.v10i1.10842

11. Melo RHV, Felipe MCP, Cunha ATR, Vilar RLA, Pereira EJS, Carneiro NEA, et al. Round table: a Partnership between Education, Service and Community. Rev bras educ med. 2016 Apr/June; 40(2):301-9. Doi: http://dx.doi.org/10.1590/1981-52712015v40n2e01692014

12. Gomes AMA, Sampaio JJC, Carvalho MGB, Nations MK, Alves MSCF. Code of rights and obligations of hospitalized patients within the Brazilian National Health System (SUS): the daily hospital routine under discussion. Interface comum saúde educ. 2008 Oct/Dec; 12(27):773-82. Doi: http://dx.doi.org/10.1590/S1414-32832008000400008

13. Ramos LS, Beck CLC, Silva GM, Silva RM, Dissen CM. Round table discussion in the process ofmental health continuing education. Rev RENE [Internet]. 2013 Aug [cited 2018 Aug 20]; 14(4):845-53. Available from: http://periodicos.ufc.br/rene/article/view/3559

14. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Política Nacional de Humanização da Atenção e Gestão do SUS. Documento Base para Gestores e Trabalhadores do SUS [Internet]. Brasília: Ministério da Saúde; 2008 [cited 2018 Aug 10]. Available from: https://www.nescon.medicina.ufmg.br/biblioteca/registro/HumanizaSUS__documento_base_para_gestores_e_trabalhadores_do_SUS/55