

# Improvement Course in Child Development and Development for Primary Health Care Professionals

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*Group of professionals and teachers who participated in the program*

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## **Summary**

An experience report on the creation of a child development and growth (GD) course for primary health care professionals (PHC), proposed to meet the demands of continuing education in areas far from major cities. The critical points of the theme

generated from the construction of the groups through two guiding questions: 1.) Multiprofessional team: What needs to improve in the care of the child in the Primary Health Care Unit (PHC), and 2.) What are my challenges for the follow-up of the growth and development in the

PHC, whose responses were analyzed using the strategic planning tool (5W3H). The target audience was 150 health professionals from the multiprofessional team including doctors, nurses, dentists, psychologists, nutritionists, speech therapists, physiotherapists, dental surgeons, and physical educators who worked in the health units of the region. From the analysis of the critical points, the following projects were proposed: a.) Survey about situational diagnosis and comprehensiveness of the unit about children and their families, b.) Training in physical examination of the child and evaluation of neuropsychomotor development, c.) Elaboration of a regional protocol for care of the child with care flow, and d.) Empowerment of community health agents on the importance of growth and development assessment.

## **Introduction**

The education of health professionals is a constant process. Starting at the undergraduate level and continuing in professional life, through joint work between the university, health services, community, and other sectors of civil society (Brazil, 2005). Experiences in this sense allow for incorporating the concept of integral health care, understanding the network as being actions and services that encompass the health care of the child. They also make it possible to articulate management, attention, teaching, and social control in facing the real problems of health teams in their territories (CECCIM,

FEUERWERKER, 2004).

Integrated work between health care institutions and services requires an approach based on local reality and the use of innovative methodologies. It is expanding to a critical and reflexive view that contributes to the proposition of actions that reach the best quality of children.

The realization of this activity supported existing national policies for both the work process in primary care, as in the training of professionals in the Unified Health System (Sistema Unico de Saúde-SUS), and the need for implementation care protocols for children.

In Brazil, the National Policy Health Care of Children, has the objective of promoting and protecting the child's health and to support breastfeeding through necessary actions, especially in early childhood in the most vulnerable populations, to reduce morbidity and mortality, and stimulate an environment conducive to growth and development. These policies advocate, among other actions, for the systematic multiprofessional follow-up of the growth and development, according to guidelines contained in the Child Health Handbook, and the encouragement of efforts to support families to strengthen family ties (BRAZIL, 2018).

It is necessary to monitor the growth and development of children, primarily from ages 0 to two years, with a view to

primary prevention and early diagnosis of developmental delay and childhood illness and premature death.

Revision literature performed by Figueroa Pedraza (2016) about growth and development in Brazil, identified significant problems in a decade, related to the conduct of consultations on children's health. The author highlights those of structural order, such as professional qualification and material deficits, as well as those related to the work process, such as insufficient anthropometric measures and registration.

The various actions involved in programs aimed at children's health, whether in the management and organization of routines or professional qualifications for the specific evaluation and care, can be fostered by the partnership between universities and health services in the context of continuing education.

The permanent education in health is a training model based on the demands of the health services, the needs of the population, and the organization of management mediated by the work processes. The real challenges of the Unified Health System, and each region, is to fulfill the purpose of transformation and improvement of the quality of health care of the communities and ensure they are strengthened (BRASIL, 2007).

Institutions were involved to strengthen the knowledge about the National Policy Health Care of Children and to

promote the collective planning of the follow-up of children's growth and development in the health regions. Furthermore, they helped to motivate the professionals to participate in interprofessional activities in the care of the child.

## **Goal**

To report the experience of a training activity of the Primary Health Care professionals of the municipalities belonging to the Western Health Regional II -- Goiás, Brazil, for the actions on growth and development of children from ages 0 to five years old based on the structural conditions of each municipality.

## **Methodology**

This experience reports a Permanent Education in Health that recommends that the training process of health professionals should be anchored in the daily needs of health services.

An educational activity developed through the partnership teaching-service agreement between the Federal University of Goiás (UFG) and Western Health Regional II-Goiás.

The experiment took place in three distinct modules, with a total workload of 24 hours. 150 professionals, among them nurses, doctors, dental surgeons, psychologists,

physiotherapists, physical educators, speech therapists, social workers, and the coordinators of the basic care of the municipalities took part in the activity. These professionals mostly worked in the Family Health Units, in the Family Health Support Centers (NASFs), in referral centers, and other units of the SUS care network.

The qualification was planned and executed by teachers of academic units of the Federal University of Goiás with the participation of all of the partners in carrying out all the stages that involved the activities.

Through active methodology, teachers used different strategies for achieving the goals, especially the questioning of the survey on the challenges and demands of professionals -- in connection to the assumptions of the Education Permanent option in Health, management tools for planning of projects and activities, dialogues, group work, and clinical simulation. Taking into account that each module planned was based on the results of the previous module, the training took place in modules.

## **Module I**

Activities used Problem Based Case, guided by the arch of Maguerez (COLOMBO,2007):

1. **Observation of the reality:** Through Phillips technique 66 professionals were divided into six multiprofessional groups to discuss the following

question, "What needs to improve in childcare in PHC?". Subsequently, the groups were re-divided by professional category and answered the following question, "What are my challenges for follow-up growth and development in PHC?".

2. **Definition of critical points:** Together, facilitators and professionals have identified factors that determine the existing problem situations.
3. **Theorization:** With the critical points defined, an expository-dialogue class made.
4. **Solution hypotheses:** Through the 5W3H strategic planning tool (*Who, Where, What, When, Why, How, How Much, How Many*) was discussed in the professional groups. Defined assistance improvement strategies through the elaboration of action planning was established and each hypothesis defined.
5. **Application in reality:** Proposals for implementation and discussion of the group of feasible projects to improve reality from the collective construction in the course.

## Module II

This module had objectives to discuss actions of the growth and development program and elaborate on the flow of attention to the child's health in each municipality.

The guiding questions at this point in the course were:  
What is its target audience? What should the actions of

integral attention be for the health of the child implemented in its municipality? Which actors are involved? What does the team need to know to deploy the proposed flow in the unit? In the diagnosis carried out by the professionals themselves, in their municipality, it verified that there was no definition of these points considered fundamental for the implementation of the program. Therefore, to move forward in this process, PHC teams would need these definitions together, "implying" different actors and organizational practices.

Group strategies were used that enabled the development of actions to collaborative practice among municipalities in order to strengthen the potential and discuss strategies for overcoming the difficulties, shared among colleagues and with teachers. The final product was the definition of the themes that should guide the next module of the course.

## **Module III**

In this phase a training course was carried out in the physical examination of the child and the evaluation of neuropsychomotor development.



# *Professional Group Evaluating posters about Child Growth and Development*

*Photo Credit: Institution: Federal University of Goiás*

In this course, the students presented dialogic lectures, presentation of films associated with practical activities aimed at training the professional in the evaluation of the developmental milestones, growth, and early detection of changes.

## **Results and Discussion**

The course took place in three modules, complementary and sequential, with themes defined by professionals and formatted by the UFG teachers according to the training needs highlighted by the health professionals.

Each one of the meetings, with an average interval of 30 days, worked with the perspective of listing the critical points of demands in the theme, discussing and understanding best practices of care and management from the intervention of teachers and their peers, and planning improvement of the practice from the knowledge built collectively in the training process.

The main proposals of the participants that were addressed in the course included: 1.) Complete physical examination of the child; 2.) Optimized and adequate use of the child's health book; 3.) Planning of the health team; 4.) The regional protocol of care for children in monitoring

growth and development; 5.) Situational diagnosis of the coverage area of the health unit; 6.) Continuing education of health teams; 7.) Understanding the importance of growth and development follow-up by the community; and 8.) Strengthening of integrated actions in the multiprofessional team.

Within each important topic listed and discussed by the groups, referral proposals were made, socialized, peer-reviewed, and teachers improved and were encouraged to further plan at the local level. The strategy adopted by teachers empowered teams and articulation with managers. Fostering pro-activity and organization with all the actors involved was a key part of the scenario.

Once the territory was mapped and a situational analysis was conducted of the coverage area, where each expert defines a plan of interventions and sequence of actions. This strategy makes possible continuous attention throughout substantial periods of people's lives (STARFIELD, 2002).

The articulation between the knowledge in a multiprofessional health team; however, identified several obstacles that are experienced in the day to day which interfere in the achievement of this goal. The disintegrated formation itself between the different professional categories, something that must be modified and increasingly integrated, according to WHO itself, is necessary to promote collaborative work and a better

level of communication (WHO, 2013).

Regarding the work organization, the need for process management in the organization of the childcare flow in the health system was evident. Health process management has been discussed as a way to allow a broader understanding of the activities, participants, units, and sectors involved in health care actions and propose improvements with a focus on the health system user and the quality of end to end.

The organization of health services is essential to ensure efficiency and includes the use of instruments that consolidate practices based on scientific evidence.

Through a systematic review of the literature on children's GD use in Brazil, the authors found that health professionals are not aware of the importance of the information that needs to be recorded (ALMEIDA, 2016).

Even though the Unified Health System provides health education material, containing necessary information about the process of growth and child development, feeding and breastfeeding, immunization, oral health, and general care (BRAZIL, 2018).

The health practices of the child should be based on the official recommendations of the Ministry of Health and the World Health Organization, in light of the evidence produced in this area of knowledge.

The initiative of the course, mediated by the articulation of the regional managers with the UFG teachers, was highly praised by the participants precisely for making this movement of approach between teaching-services and enabling an exchange of knowledge. It also emphasizes the need to develop in health professionals and students, autonomy, as it is fundamental to developing a praxis (FREIRE, 1997).

The evaluation of the course by the participants was very positive. Professionals emphasized the importance of conducting the childcare in an integrated way and the model of active engagement, not restricting the model of the course to the traditional exhibition format and lectures.

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