

Contributions from pedagogical workshops to the interlocutor's training in continuing education in health

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ABSTRACT

The aim was to identify the contributions from pedagogical workshops to the interlocutor's training for Continuing Education in Health. This is a longitudinal study, conducted from 2015 to 2017, with a qualitative approach. Fifteen interlocutors from the Center of Continuing Education in Health participated in the study, representing the cities of the northeast region of São Paulo state. The information was collected through a sociodemographic questionnaire and a focus group; such information was transcribed, submitted to content analysis and interpreted using the Freirian Critical Pedagogy. Two categories were configured: "From the verbalism and activism time to the conscient act in the CEH" and "From the obstinacy of the traditional teaching method to actions in CEH as an active method". The cycle of activities, grounded in the action-reflection-action, experienced in the pedagogical workshops, contributed to the comprehension of introductory concepts and assumptions of the active learning method to build collective education spaces, in opposition to the traditional teaching method.

Descriptors: Education, Continuing; Learning; Health Policy; Health Manpower; Education, Nursing.

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Received: 11/07/2017.

Accepted: 08/14/2018.

Published: 12/31/2018.

Suggest citation:

Martins VP, Dorneles LL, Coloni CSM, Bernardes A, Camargo RAA. Contributions from pedagogical workshops to the interlocutor's training in continuing education in health. Rev. Eletr. Enf. [Internet]. 2018 [cited _____];20:v20a47. Available from: <https://doi.org/10.5216/ree.v20.50148>.

INTRODUCTION

Continuing education of professionals who work in the health field is a challenge that tries to articulate knowledge and practices, to broaden/extrapolate the technical, scientific knowledge and, in this sense, it has mobilized the teaching institutions and health services⁽¹⁾. An integrative review conducted in Iran analyzed the results of partnerships between these institutions, the study found mutual benefits, it also identified that the synergetic work had empowered workers and produced new knowledge to advance this assistance practice in health⁽²⁾.

This same phenomenon can also be observed with promising results⁽³⁾ in Brazil where, similarly, the Continuing Education in Health (CEH) became public policy, at times taking over this cooperation. The National Policy for Continuing Education in Health ("*Política Nacional de Educação Permanente em Saúde*"- PNEPS), instituted in 2004, is characterized by the trial to transform of the work process of each unit of the Unified Health System ("*Sistema Único de Saúde*"- SUS). It consists of an education process to be collectively conducted by the health team and academic partners, in a conscient, responsible and compromised way with the healthcare integrality in the community⁽⁴⁾.

For PNEPS's dissemination and implementation in São Paulo State, in the southeast region of Brazil, the Regional Health Departments ("*Departamentos Regionais de Saúde*"- DRS), through their Centers of Development and Human Resources Qualification ("*Qualificação de Recursos Humanos*" - CDQ), constituted the Regional Centers of Continuing Education ("*Núcleos de Educação Permanente Regionais*" – NEPR). In these centers, interlocutors named by the cities composed the health region participate, and they are responsible for facilitating the CEH process in their hometown. Therefore, the importance of interlocutor's qualification is undeniable, which is the focus of this study, once they are the CEH spokespeople in their respective cities, besides offering support for the development of educational actions and critical reflection of work processes and of the health situation in the cities represented by them⁽⁴⁻⁶⁾.

This means that for the development and construction of knowledge of these interlocutors, there is a need to have conviviality spaces grounded in active learning methodologies, contextualized and participative, as it is preconized in the PNEPS⁽⁷⁾.

From this perspective, this study opted to conduct Pedagogical Workshops (PW) with interlocutors once they align the CEH assumptions to promote educational practices for the collective reflection of the health reality, besides identifying the potentialities of their results.

Pedagogical Workshops grounded on the thoughts of Paulo Freire⁽⁸⁻¹⁰⁾ are dynamic spaces to build knowledge that, through the dialogue promotion, they create a creative learning process and transforms reality. The PWs are comprehended as a relaxed time-space to exchange experiences and to create bonds that search the reflection of thinking, feeling and acting as learning processes, providing analysis of reality and the collective learning construction. In other words, in a workshop, there is appropriation, construction, and production of theoretical and practical knowledge, in an active and reflexive way. They mainly use the participant's previous knowledge, abilities, interests, needs, values, and judgments⁽¹⁰⁾.

The conduction of workshops in popular education, in mental health and in the construction of policy practice have been seen in the literature. They are characterized by giving value to sharing ideas coming from dialogue⁽¹¹⁻¹³⁾. Therefore, there is a lack of publications about this intervention. Thus, there is no offer of sufficient

aids for its pedagogical planning and respective results. Given the importance of this educational intervention to disseminate and strengthen the PNEPS in the SUS context, this study aimed to identify the contributions from pedagogical workshops in the interlocutor's training for Continuing Education in Health.

METHODS

This is a longitudinal study with a qualitative approach, conducted between 2015 and 2017, in a city located in the inner state of São Paulo with an estimated population of more than 100,000 inhabitants. The city is a health reference to 18 cities of the northeast region of São Paulo state and Brazil. The study is a result of a partnership between a higher education public institution and the DRS, a structure that congregates all SUS management activities of the state and, it hosts the NEPR meetings, where the study was developed.

The study participants were 15 interlocutors of continuing education, health professionals who are representatives of health institutions of the local region. The interlocutors had to be for a minimum of six months in the Continuing Education Center (CEC) and to have a minimum frequency of 70% in the PWs to participate in the study.

Researchers planned and conducted the PWs grounded on the Freirian Critical Pedagogy as a way of social emancipation⁽¹⁴⁾. The activities were structured with the following sequence: problematization of reality and identification of learning needs, which through them, the generating themes were elected; theoretical analysis of the issue-situation with solution proposals; and dispersion activity conducted by interlocutors in the routine of their health institutions.

In the phase problematization of reality, during the discussions with interlocutors, there were four themes about the CEH that needed to be worked on. To find solutions and to collectively build new knowledge for the issues related to these themes, six PWs were developed: one PW for the 1st and 2nd themes and two PWs for the 3rd and 4th, as they were considered more complex. Researchers scheduled and coordinated the workshops, with a maximum interval of two months between them. Chart 1 presents the identified problems, the interlocutors' learning needs regarding the identified issues and, the dispersion activities developed in groups by workshops' participants in their workplaces aimed at obtaining significant learning and later applied in their institution's reality. All PWs were grounded in scientific articles about the generating theme, which were previously sent to participants for previous reading.

The PWs were planned alternating the independent work method, with dialogues exposition, conjunct creation with the mediator and group work based on the critical and reflexive approach⁽¹⁴⁾ in all moments. The diverse strategies contemplated videos' discussions, construction of conceptual maps, theatrical sketches, and case studies. The choice of method and strategy was focused on the interlocutor's awareness for the dialogue about the previous knowledge, exchange of experiences, discussions of the theoretical reference and possible articulations with the practice, sustained by a scientific article.

Researchers built a sociodemographic questionnaire, and the information was collected. To the ones who agreed to participate in the study, we gave the data collection instrument to be completed and the Informed Consent Form to be read and signed. The characterization of participants' profile was analyzed using descriptive statistics and through a Focus Group (FG)⁽¹⁵⁾ constituted after the last workshop. It was recorded, and after, it had

its information transcribed and archived in a database. For the FG, the following guiding question was created: What were the contributions of pedagogical workshops for its interlocutor role in the CEH in the health institution of your city?

Chart 1: Themes of pedagogical workshops – City located at the Northeast region of São Paulo – 2015 to 2017

WORKSHOP	IDENTIFIED ISSUES	LEARNING NEEDS	DISPERSION ACTIVITIES
Workshop 1	1 st theme – Participants make confusion of the reason for permanent education and continuing education in the routine of health institutions - What is the difference between permanent and continuing education? - How can they be applied in my workplace?	- To give context to permanent education in health, continuing education, its assumptions, and characteristics - To reflect on the historical and cultural trajectory of the Brazilian education	- To create a diagnosis of the health institution situation, of the developed educational activities and how they are seen by workers and managers
Workshop 2	2 nd theme – Participants recognize the limitations of traditional teaching methods, but they cannot comprehend how the active learning method is established - How and why the active method is more productive than the traditional method?	- To comprehend the fundamentals of the traditional method and of the active learning method, and how they articulate the permanent health education	- To build presentations experienced by participants in health institutions to be shared and discussed
Workshops 3 and 4	3 rd theme – Participants’ desire to deepen the comprehension about the teaching and learning process - How one learns and how one teaches? -What are the contributions of Piaget and Paulo Freire to education?	- To discuss the contributions of Jean Piaget to comprehend the knowledge construction - To reflect on the contributions of Paulo Freire and the problematization method - To comprehend the Arch of Charles Maguerez	- To build an educational action based on the theoretical reference, to create a presentation and to share with the group for a discussion
Workshops 5 and 6	4 th theme –Participants expressed difficulties in planning actions of permanent and continuing education - How to plan activities of permanent and continuing education?	- To comprehend the steps of planning educational activities	- To create a plan of actions foreseeing education for the institution, to create the presentation and to share with the group for discussion

The information coming from the FG were submitted to thematic content analysis⁽¹⁶⁾ and interpreted based on the Freirian Critical Pedagogy^(9,14,17). Thus, in the pre-analysis, the information was carefully organized and read. In sequence, during the material exploration process, the parts with significant speeches were selected, when the treatment was conducted, the inference and the interpretation of results, which allowed the final construction of two thematic categories named: “From the verbalism and activism time to the conscient act in the CEH” and “From the obstinacy of the traditional teaching method to actions in CEH as an active method”.

The project was analyzed and approved by the Ethics in Research Committee, CAAE: 63161816.8.0000.5393, and all participants signed the Informed Consent Form.

RESULTS AND DISCUSSION

Interlocutors' sociodemographic and professional characterization

Fifteen interlocutors constituted the group, being 14 (93.33%) female, being on average 42 years old. Regarding the education level, 11 (73.33%) had an undergraduate degree and some specialization course in the health field. About their employment time, the average was 17 years, within these, 12 (80%) worked in hospitals, two (13.33%) in DRS and one (6.66%) in the Primary Health Attention. Within the participants, five (33.33%) are nurses; two are nursing technicians, two pedagogues, one dentist, one manager, one social worker, one pharmacist, one teacher, and one computer technician. When asked about their involvement in the Education field, 11 (73.33%) had some course in the field, and 13 (86.66%) taught at least one course or presentation during their professional path.

To define the group profile also allow the comprehension of the context in which such participant in inserted and it also guides the mediator's pedagogical choices⁽¹⁸⁾, such as the complexity of expositions and scientific texts, the extension of case studies, the organization and hierarchy of concepts with propositions in conceptual maps and articulations in syntheses of knowledge as possible theoretical contributions.

The concentration of professionals formed in nursing in this study was also verified in a study that analyzed perceptions of tutors and facilitators about the course for CEH facilitators⁽¹⁹⁾. However, it conforms with the argument that the presence of other categories contributed to diversifying the sharing of experiences with different sights, which possibly favors the dialogue and the comprehension of the reality and potentiates the search for inclusive and integrated interventions⁽²⁰⁾.

From the verbalism and activism time to the conscient act in the continuing education in health

This category is characterized by the speeches reflecting the advances that the PW allowed in the articulation between theory and practice in CEH or, more properly, by the concreteness revealed from the sharing of experiences and necessary knowledge to ground the CEH, that happens at work and by the work. Freire alerts to the fact that the isolated theory is pure verbalism: they are words echoing without meaning in the context to be transformed, because they were only said⁽⁹⁾. They constitute non-valued information because they do not find reflection in action. On the other hand, the practice lacking fundamentals is alienated in the pragmatic activism. Therefore, it is in the conscient integration between the practice and theory that praxis is given, the creating and transforming action of their actors and the reality where they live. These extremes co-exist in an educational setting where prevails the mechanical learning, disconnected from a reflexive dialogue about the actions occurring in a certain time and local reality^(14,17).

The CEH principles try to guarantee the articulation between theory and practice⁽¹⁾. Thus the PW should reproduce the essence of the construction of new knowledge by the dialogue of participants' experiences and of the investments in the analysis of problematic situations sustained by a theoretical-scientific reference⁽⁵⁾.

The theory-practical interlocution of developed themes – one of the potentialities discussed in the FG – happened in a way that participants/interlocutors brought their difficulties to the workshops, to discuss problems

faced with the group, which, according to participants, it allowed the change of actions in the work practice, as noted in the speeches below:

P1: [...] a potentiality was us working with the format given, so we had to rank with the practice and then give the response here [...] from that moment on, many alternatives started to be brought up that we could also implement inside the hospital [...], to do it here, to bring the practice inside our job and then to give a feedback of what happened.

P15: it was the first time, the workshops, to become tangible [...], it made a lot of sense to me. To being the article, we debate how to apply it in practice, that's it. You brought things, baggage for us to use on a daily basis, it didn't stay in theory. To me, it is a constructive thing.

This comprehension of the learning dynamic grounded in the action-reflection-action occurred at the measure that participants/interlocutors started to note the importance of the critical reflection as a trigger to (re)signify the work process. Freire points out that “the theoretical discourse itself, needed for the critical reflection, has to be in a concrete way that it is almost confused with practice”⁽⁹⁾.

Freire's critical learning invites to the denial of the bank teaching, characterized by the teaching of information transfer and existence of a student who does not contest. This Freirian learning recommends the adherence to the problematizing teaching, requiring the educators and students to become creative, instigators, uneasy, rigorously curious and persistent^(1,5,14).

Thus, it becomes indispensable to use active methodologies to allow significant learning, making the interlocutors' experiences useful through them, providing the problematization of their respective practices⁽²¹⁾.

Considering this scenario, the PWs provide advances in the role of educator of CEH participants/interlocutors, placed in the FG through the recognition of the problem at work and the worker's responsibility for his own learning process, which showed the comprehension of teamwork value in the continuing education in health, as unveiled in the speeches below:

P13 what the workshops have collaborated a lot is mainly to know the difficulties and the real problem [...] Where does the problem comes from, what generates that and what are the people involves and what is the approach method, which is really interesting. Thus, today, we see that to insert the collaborator in resolving his own problem is fundamental because he can have a different comprehension of what was a mistake, but that sometimes, it is not only his mistake, but of other people involved, and he feels capable of improving that.

P8: Everyone becomes responsible for that process, thus, is one is not fully conjugates with that work, that process does not happen in a way that it should happen.

Freire believes that the student should become the protagonist of his own learning process⁽¹⁷⁾. When the educational process is grounded in practice, subjects participate in liberating freedom of the work process, that comes from the workers' desalienation and propose a transformation of oneself and society⁽¹⁴⁻¹⁷⁾. Regarding the Unified Health System (SUS), the educational changing process requires collective and democratic participation, once the subjects are interconnected in a network. Thus, the reflection, the dialogue, and the recognition of reality and problems are key-pieces to search for education's integrality in health⁽²²⁾.

The existence of workers responsible for the cause allows to look at the world and for the human condition together, allowing to transform reality. Thus, it is fundamental for health workers to be critics regarding the work

problems and to search for CEH tools with the intention to create a better work quality and health actions, for the benefit of SUS users^(17,22).

From the obstinacy of the traditional teaching method to actions in CEH as an active method

The obstinacy of the traditional teaching methodology by individuals still is a great barrier to be dismantled in the CEH and a difficulty presented by participants/interlocutors, especially in moments when they assume to be facing a group in their work institution, such as exemplified in the speech below:

P9 It is because it is already incorporated in the teaching methodology, all of us here, we did not have the active methodology, our knowledge was passed in another way: the professor passed it to us. Therefore, my great difficulty lays in this point.

The hegemony of the traditional health training, historically marked by the classic teaching methodology, was also found in a literature study regarding the strangeness of students in a nursing university when faced with the active teaching methods⁽²³⁾. According to the authors, it happened because the students were used to other ways to acquire knowledge that not the dialogue. Besides, many students seemed unsafe to develop activities more freely and without the need for theoretical classes. With the CEH interlocutors of the present study, besides this accommodation subsidized by the traditional teaching method, there were also factors verified as lack of motivation from the team, the dynamics of hospital institutions and the lack of support from the unit manager, factors impairing the use of active learning method and the performance of the Continuing Education in Health. This difficulty of interlocutors to build an educational practice with an active method results from the formative path based on the traditional method that, at times, determine their didactic choices^(1,4,19).

Despite the innovative pedagogical practice being characterized as “the new” and “the unknown”, for individuals, it seems like a threat to education conceptions historically built throughout their lives. Therefore, it is important to highlight that this lack of knowledge impairs the conceptions of new horizons and prevent transformations⁽¹⁷⁾. Additionally, there is a false belief that the learning process occurs only in formal and specific environments, which can lead to label the active learning process as something not serious. Thus, it is important for health workers to comprehend that the human being produces knowledge and develop competencies throughout life, every time that he shares ideas and values^(20,22).

To transform this scenario in health, teaching methods need to be transformed, provoking the construction of new knowledge and actions⁽²⁰⁾. It occurs because the practice of a more dialogued education collaborates to the formation of more human professionals, more concerned with the reality and with the social transformation.

At the measure that workshops kept happening, an advance in the interlocutors’ comprehension occurred about the concept of teaching-learning active methodology and its potentials to form the health worker.

P3 ...the action is when we insert these people [...] they become part of that process, everyone works together, discuss together, formulate solutions together; and when is...the passive, then is a transfer process only.

This comprehension throughout the workshops allowed the interlocutors to initiate projects and interventions in their workplaces, inserting the active method in the workers’ reality.

P2 [...] is that they always stayed in the passive part, right? They went in out little training room, and it was possible to see that some fell asleep and today, they don't. We are bringing them to the discussion also, to the tests, procedures, what to do with the patient, I think that this was really cool [...] it facilitated with a job that we started which is the On the Job, which is you go to the workplace and try to really work in this part with the active methodology. I think that the workshops were very important to us.

It is notable that the higher level education based on the use of active methodologies has a greater potential in the formation of health professionals when compared to those who adopt the traditional methodologies, due to the capacity to form professionals more prepared to meet the actual health needs⁽²³⁾. It is perceived in the present study that it is due to the potential of active methods in building criticalities and reflection of interlocutors, helping them to exercise their profession, as in the interlocutor's role, ahead of the groups, in the construction of knowledge.

In this context, it is noteworthy that the permanent education in health is crucial, once the worker stays in college or technical school for a few years, and their greater action is in practice. This teaching in the work routine cannot accompany the theoretical shapes and without dialogue. Thus, there is a need to form an active professional, apt to learn how to learn⁽²⁴⁾, which occurs through the problematizing learning.

FINAL CONSIDERATIONS

This study showed the contributions of pedagogical workshops for the construction of new knowledge for the practice of the interlocutor of continuing education in health. At the end of activities, it was possible to note that the workshops allowed the articulation between the theory and practice in the CEH, the sharing of experiences and knowledge needed to fundament this educational strategy, besides instigating the change of actions developed in the work practice. The diversified methodologies used in the workshops allowed participants to experience the practical examples of how the active learning methods based on Paulo Freire's theory can be incorporated into the CEH actions. In this sense, the PWs were considered an artisanal space, with time-space to synthesize thinking, feeling and acting of the interlocutor/participant of the CE, which potentialized the reflection about the knowledge of its assumptions and about life.

The limitations involving the PWs result from difficulties found by the interlocutor in obtaining the CEH recognition in his hometown when planning the process continuity, due to the still wrong comprehension of the management about the PNEPS as the continuing education actions. From this perspective, the cooperation between the teaching and health institutions lacks the political and financial strength, with the support of the municipal and state management for the vital dissemination of CE. Other studies with interventions in diverse contexts are also expected for its development when qualifying the results and fomenting the desired transformations in the qualification of professionals, work process and healthcare management.

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