

PERMANENT HEALTH EDUCATION FOR PHARMACISTS OF NITERÓI PRIMARY HEALTH CARE

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Introduction

Permanent Health Education is a pedagogical strategy for professional training that proposes one reflection and analysis of work practices, identifying problems experienced by professionals in their routine and seeking ways to improve quality of the service provided at all health care levels. In the Unified Health System (SUS), Primary Health Care (PHC) is the first level of health care and the starting point for a continuous care network in the health system that provides the population greater proximity to health services^{1,2}. On PHC, the pharmacists are in direct contact with the user, must present training and ability to work as managers promoting access to medicines, and the community involvement in their self-care, promoting the rational use of medicines³. Thus, for the development of activities related to Pharmaceutical Services (PS) it is important that pharmacists are qualified. In this sense, Permanent Health Education is an important transforming instrument, since it brings the problematization of the work reality posed by the professionals themselves, making them the protagonists of the desired changes⁴. This research aims to train PHC pharmacists of Niterói through Permanent Health Education.

Methods

This is a qualitative exploratory study which will be carried out in six stages. First, were identified Niterói PHC units and their pharmacists in the Brazilian National Registry of Health Facilities (CNES). In this health information system, data from establishments were collected regarding address, telephone, type of establishment, type of care provided (SUS or Private), level of care, activity, and whether there is a pharmacy service in the unit. And about pharmacists, information was collected on bond, type of bond and workload. Only establishments linked to SUS were considered for the study, and this data was analyzed by descriptive statistics techniques.

The first stage of the study was completed, in which the Niterói PHC establishments and the pharmacists were identified. After Ethics Committee approval, these pharmacists will be contacted to participate in the study. These professionals will participate in Focus Groups (FG) to diagnose the main problems in their professional practices. The method of data analysis of FG will be the Bardin Content Analysis. An evaluation instrument will be designed, using the analysis from FG and the results of an integrative literature review, that will be validated through the Delphi method. The results of FG and the integrative review will also support the elaboration of the teaching product, which will be evaluated by the evaluation instrument before and after it is executed.

Results and Discussion

Niterói has 60 units for PHC, of which: 71.7% (43) Family Doctor units, 20.0% (12) Polyclinics, 6.7% (4) Basic Health Units, and 1.6% (1) Street Clinic. 6.7% (4) of Niterói PHC establishments do not have a Pharmacy. Regarding pharmacists, 25 professionals were identified: 88.0% (22) in Polyclinics,

8.0% (2) in Basic Units, and 4.0% (1) Family Doctor units. These professionals have an employment relationship (92.0%, n=23), or are self-employed (8.0%, n=2). And they work between 30 and 40 hours per week (64.0%, n=16), or 20 to 29 hours per week (36.0%, n=9). Such data reveals that most Niterói PHC health units do not have pharmacists. This could be attributed to this professional category not being mandatory in the minimum primary care team¹. However, there may be a discrepancy between the data collected at the CNES and the reality of each establishment since this health information system is outdated and poorly completed⁵.

Conclusion

The identification of Niterói PHC coverage and active pharmacists will be the selection basis for participation on the FG stage of this research and later on the training program. In the future, this study could contribute to the construction of solutions and the transformation of pharmacist's work routines, strengthening PS activities in Niterói PHC.

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