

Bioethics Training Workshop for Family Health Strategy: perspectives of the different players about scenarios, setup and show

Oficina de formação bioética para a Estratégia Saúde da Família: perspectivas e olhares dos diferentes atores acerca dos cenários, montagem e espetáculo

Taller de formación en bioética para la estrategia salud de la familia: perspectivas y miradas de los diferentes actores sobre los escenarios, montaje y espectáculo

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Abstract

The training of health professionals has been a point of discussion for a long time in Brazil and around the world, as well as changes in health paradigms and health care models. With the merger of the National Health System and the implementation of the Family Health Strategy (FHS) as organizer of health care, issues and problems emerged, which were not previously thought about in the context of health and hospital practice, mainly reflections on ethical and bioethical aspects. This paper presents the results of conducting a training workshop on bioethics with the participation of 130 people (128 FHS professionals in Viçosa, Minas Gerais and two guests), sponsored by the university's integration with the local health service, based on the use of methodological pluralism, small group work, learning and meaningful use of art for the construction of expertise in bioethics. Actual outcomes were optimistic about the effectiveness of the action, from the viewpoint of both the FHS professionals and participants (facilitators and professors involved), promoting a collective construction of knowledge for practice.

Keywords: Bioethics; Education; Family health.

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Resumo

A formação dos profissionais de saúde segue em discussão há tempos — no Brasil e no mundo —, assim como as mudanças dos paradigmas sanitários e dos modelos de cuidado em saúde. Com a criação do Sistema Único de Saúde e a implantação da Estratégia de Saúde da Família (ESF) como reorganizadores da atenção em saúde, brotam, neste cenário, questões e problemas bioéticos não vividos anteriormente no âmbito da prática de saúde hospitalar. Este artigo apresenta os resultados da realização de uma oficina de formação em bioética com a participação de 130 pessoas (128 profissionais da ESF no município de Viçosa, Minas Gerais, e dois convidados), promovida pela integração da universidade com o serviço de saúde local. Os referenciais utilizados incluíram o pluralismo metodológico, o trabalho em pequenos grupos, a aprendizagem significativa e o uso da arte para a construção das competências em bioética. Os resultados verificados foram otimistas quanto à efetividade da ação, tanto na ótica dos profissionais da ESF quanto dos participantes (facilitadores e docentes envolvidos), promovendo-se uma construção coletiva de saberes para a práxis.

Palavras-chave: Bioética; Educação; Saúde da família.

Resumen

La formación de los profesionales de la salud es objeto de debate desde hace mucho tiempo - en Brasil y en el mundo -, así como los cambios de paradigmas y modelos de salud para el cuidado de la salud. Con la creación del Sistema Único de Salud (SUS) y de la aplicación de la Estrategia Salud de la Familia (ESF) como de reorganizadores cuidado de la salud, surgen, en este escenario, los problemas y las cuestiones de bioética que no se vivieron dentro de la práctica de la salud del hospital. Este artículo presenta los resultados de la realización de una capacitación sobre la bioética con la participación de 130 personas (128 profesionales de la ESF en Viçosa, Minas Gerais y dos invitados), promovido por la integración de la universidad con el servicio de salud local. Los puntos de referencia utilizados incluyen el pluralismo metodológico, el trabajo en pequeños grupos, el aprendizaje significativo y el uso del arte para la construcción de capacidades en bioética. Los resultados observados se mostraron optimistas acerca de la efectividad de la acción, tanto desde el punto de vista de los profesionales de la ESF, y los participantes (facilitadores y profesores involucrados), la promoción de una construcción colectiva de conocimiento a la práctica.

Palabras clave: Bioética; La educación; La salud familiar.

INTRODUCTION

The Sanitary Reform Movement acquired a markedly ethical-political nature, inscribed in the process of redemocratization of Brazil.¹ The discussions built in this process subsidized the creation of the Unified Health System (SUS), according to the order present in the Federal Constitution of 1988.² In fact, the constitutional text highlights, in its health chapter, the conception of universality — “health is the right of all” — which must be guaranteed by social and economic policies.² On basis of these significant assumptions, a new way of organizing health measures is instituted in Brazil.³

In this process, over the last twenty years, Primary Health Care (PHC), which should be emphasized as an essential part of the care model for the proper functioning of the current health system in Brazil, is highlighted as an essential part of the reorganization of the care model in Brazil, pointing out its fundamental role, especially at the gateway to health demands and meeting user and community needs.^{4,5} Thus, when and if strengthened, PHC can perform its essential competence in the organization of health systems with the characteristics that the Brazilian SUS has, which claims the integrality of care, with universality.⁶ It is certainly highlighted as essential characteristics for resolution that this level of care has: the capacity to deal with vast adversities and guarantees access and reception (attention to the first contact); the possibility of regularity in care and the creation of bonds (longitudinality and humanization of care);⁷ the offer of wide provision of services (integrality and hierarchy with network formation); and also the guarantee of continuity of integrated and organized care,^{6,8} which requires the identification of problems (coordination), in an ethical manner. These characteristics are the unique dimensions of PHC.⁷ It is important to note that the structuring of the Family Health Strategy (FHS) is essential because it is a scenario in which health teams

— formed with multidisciplinary character — act with the definition of assigned areas and various measure that make up care, including health promotion activities, disease prevention, health care and surveillance. FHS teams ultimately have privileged conditions to act efficiently, particularly about the chronic conditions that rank first as causes of hospitalizations — many of which are avoidable — and change the panorama of health indicators in our country, affected by a triple load of disease.⁹

The conception of health-disease — if understood as centered on disease, pain and death — is not purposeful for addressing problems that currently affect the public.¹⁰ It must change such a way of seeing the health/illness/disease process, It should have a positive understanding that considers life, quality of life and health promotion. As a health paradigm, the flexerian model, which values medical care, identifying the hospital as a priority locus for health measures, should be exceeded, and the adoption of the Social Production of Health model, which benefits quality of life, understands that the disease has a social historical character and that health has its determinants. Such restructuring is a great challenge to be brought to praxis, being a true reformulation of health care — in terms of providing *care with health* — seeking to expand the quality of life of all citizens.^{11,12}

With the emergence of positive advances and modifications in the health context, the FHS leaves the theoretical plane and comes to the realm of the real. With this change of plans, new directions arise, new achievements and, of course, new challenges, remodeling and emerging on new problems and issues to be thought.^{11,13} Accordingly, bioethical issues emerge significantly in everyday work, opening up a field of discussion and reflection for new contributions — such as those of Motta and Siqueira-Batista in Rio de Janeiro/RJ —,^{14,15} which follow the avant-garde work developed by Zoboli and Fortes in São Paulo/SP, highlighting ethical problems: 1) in relations with users and family; 2) in team relations; and 3) in relations with organization and the health system.¹⁶ As observed by Siqueira-Baptist and collaborators in Viçosa (MG),¹⁷ when investigating 73 FHS workers: 35.6% claimed that they did not experience ethical problems in the unit, which most likely denotes the inability to detect and reflect on the concepts and propositions of this new area of knowledge, namely bioethics. Of those who mentioned the recognition of problems, issues related to access inequality (5.5%), teaching-work-community relationship (1.4%); the most frequent in that community, with 19.2% of the responses, was problems related to confidentiality and confidentiality. Thus, the members of the local FHS teams themselves pointed out their training needs and which skills were most urgently needed.

On the basis of such considerations, this article presents the results obtained in the Bioethics Training Workshop in Family Health Strategy (BTW-FSH) held in the municipality of Viçosa (MG) with the teams of the FHS, which aimed to build concepts of selected bioethics based on existing studies with FHS professionals, but especially those pointed out by the survey in the municipality. Our article focuses mainly on the presentation: 1. of the workshop structure, 2. of its setup process and 3. of the premiere and the assessment of the participants and the various views on the unfolding of the show.

METHODS OR SETUP

Study area

BTW-FSH was held in the municipality of Viçosa, which has an area of 299,418 km². Geographically, it belongs to the Viçosa microregion and the Mesoregion of the Mata Mineira Zone, which consists of

142 municipalities, accounting for the approximate total of three million inhabitants. The population of Viçosa in 2012 was 73,333 inhabitants¹⁸ — 93.20% residing in the urban area and 6.80% in the rural area —, and the estimated population in 2013 was 76,147, with a demographic density of 241.2 inhab./km².¹⁹

The municipality has 39 health facilities, 32 of which have agreements with SUS. There are two general hospitals, with 217 beds, 137 available to SUS. The city's PHC network has 13 units, 12 of which belong to the FHS, housing 15 family health teams, which has a total of 11,286 registered families. It is a city with particular characteristics, including the Federal University of Viçosa, one of the most traditional higher education institutions in Brazil, which in 2010 had implemented an undergraduate medical school. This allowed the rethinking of strategies for the so-called teaching-service-community integration, based on successful experiences such as that described by Albuquerque and collaborators.²⁰

Study participants

All health workers who carry out activities within the scope of the FHS were invited to participate in the workshops — that is, doctors, nurses, nursing technicians and community health workers from the 15 FHS teams in the city of Viçosa/MG —, totaling 136 people. Of this total, 128 professionals agreed to participate. The workshop also included the participation of two guests who were not part of the PHC context, a doctor and a nutritionist, thus totaling 130 people. The invitation covered participation at different times, including responding to the questionnaire and participating in training workshops. Participation was voluntary and linked to the expressed approval of the study subject, by signing an informed consent form.

The composition of the present group is briefly presented in Table 1.

Table 1. Distribution of participants in the bioethics update workshop.

Sex	Frequency	Relative frequency (%)
Female	117	90.0
Male	13	10.0
Total	130	100.0
Profession	Frequency	Relative frequency (%)
Physician	5	3.9
Nurse	13	10.0
Dentist	4	3.1
Community health worker	81	62.3
Nurse technician	9	6.9
Dental assistant	3	2.3
Administrative assistant	8	6.2
Cleaning assistant	3	2.3
Nutritionist	2	1.5
Guests	2	1.5
Total	130	100.0

Workshop helpers

Four technical-administrative employees linked to the Department of Medicine and Nursing of the Federal University of Viçosa were invited to help with the workshop. These collaborators are research assistants with the following academic backgrounds, forming a multidisciplinary team: 1. bachelor's degree in biochemistry with a master's degree and PhD in the same area; 2. bachelor's in chemistry with a master's in the same area; 3. bachelor's in home economics with a *lato asensu* postgraduate in biology lecturing; and 4. bachelor's in pharmacy with a master's in biochemistry. The entire construction process for the workshop was conducted in an active and participatory manner by two supervising professors with a doctorate in public health, one in the area of bioethics and the other in the field of education and training of health professionals.^{21,22}

Study design

The study involved a quantitative-qualitative approach in the field of social research, using mainly the instrumental theoretical methodological framework of qualitative research, given the peculiar characteristics of the object of investigation. The intention was to capture aspects of the dynamic and complex reality in its historical-social realization.^{23,24} In fact, in agreement with Minayo,²³ qualitative health research “*works with the universe of meanings, motivations, aspirations, beliefs, values and attitudes, which corresponds to a deeper space of relationships, processes and phenomena that cannot be reduced to the operationalization of a variable*”.

The Bioethics Workshop or the show

The workshop was carried out in accordance with the following pedagogical assumptions: 1. meaningful learning,^{25,26} 2. active teaching-learning methodologies,²⁶⁻²⁹ 3. interdisciplinary articulation between art and education,³⁰ 4. work in small group³¹ and 5. permanent education.³² Such elements are in line with the methodological pluralism proposed by Gomes et al.³³ It was systematically divided into three moments of four hours each, totaling 12 hours of training process for each of the two groups.

The workshop step-by-step and the distribution of activities are summarized in Charts 1 and 2, respectively.

Details of each moment of the workshop are presented below.

Moment 1

The first stage of this moment had the purpose of discussing the essential topics of the bioethics debate through an explanation in dialogue, with the aim of providing theoretical apparatus to enrich the content of the workshop. The theoretical basis based on meaningful learning was achieved through the collaboration of the organizers in the creation and expansion, based on pre-existing conceptions of the course participants, of new concepts relevant to the theme, enabling a pedagogical process beyond the mechanical learning of concepts.²⁷ This initial phase took place in 45 minutes, and there was also a reflective moment about the dialogued presentation. On this occasion, the concepts of morals, ethics and bioethics were briefly discussed, with their possible correlations, between themselves and with other

Chart 1. Summary of the 1st Training Workshop on Family Health Strategy and Primary Health Care.

Duration	Content	Methods
1st moment of training		
1 hour	Basic concepts of bioethics	Dialogue presentation
15 minutes	Coffee break	
2 hours	The Unified Health system (SOS): ethical and political issues	Showing of film: <i>SOS Saúde (SOS Health)</i>
1 hour	The Unified Health System (SOS): ethical and political issues	Problematization of the film <i>SOS Saúde</i> : survey of issues related to the field of bioethics.
2nd moment of training		
1 hour	The Unified Health System (SOS): ethical and political issues	Problematization of the film <i>SOS Saúde</i> : presentation of the results of the study on the issues raised in the first moment, related to the field of bioethics.
2 hours	Diagnosis communication, secrecy, privacy and confidentiality	Screening of the film <i>Adeus Lênin!</i>
15 minutes	Coffee break	
1 hour	Diagnosis communication, secrecy, privacy and confidentiality	Guidelines for the mock jury to be held on the basis of film <i>Adeus Lênin!</i>
3rd moment of training		
1 hour and 30 minutes	Diagnosis communication, secrecy, privacy and confidentiality	Mock jury
15 minutes	Coffee break	
2 hours	Professional secrecy in primary health care	Discussion of problem situation
30 minutes	Closing and final assessment	

Chart 2. Distribution of the activities of the First Training Workshop on Bioethics and Primary Health Care.

1st group of participants (n=65 → 64 FHS professionals +1 guest)		
1st moment	2nd moment	3rd moment
(1) Dialogue exhibition (2) screening of the film <i>SOS Saúde</i> and (3) problematization of the film (1st stage).	(1) Problematization of the film (2nd stage), (2) screening of the film <i>Adeus Lênin!</i> and (3) mock jury preparation.	(1) Presentation of the mock jury, (2) discussion of the problem situation and (3) closing/ final assessment.
Workload=4 hours	Workload=4 hours	Workload=4 hours
2nd group of participants (n=65 → 64 FHS professionals+1 guest)		
1st moment	2nd moment	3rd moment
(1) Dialogue presentation, (2) screening of the film <i>SOS Saúde</i> and (3) problematization of the film (1st stage).	(1) Problematization of the film (2nd stage), (2) screening the film <i>Adeus Lênin!</i> and (3) preparation of the mock jury.	(1) Presentation of the mock jury, (2) discussion of the problem situation and (3) closing/final assessment.
Workload=4 hours	Workload=4 hours	Workload=4 hours
Total workload per group=12 hours		

areas of knowledge. Furthermore, on this occasion, the main currents of contemporary bioethics were also addressed.

In its second phase, moment 1 featured the screening of the film *SOS Saúde*. This documentary, dating from 2007, recorded in the United States, is two hours long. In it, filmmaker Michael Moore presents

real moments through which he compares the American healthcare system with that of countries such as Cuba, Canada, France and England.

After the film was shown, the problematization³⁴ teaching-learning tool was useful in addressing the advances and challenges of the SUS. The course participants, divided into groups, worked on discussing the topic with the aim of 1. listing the central problems, in terms of ethics and bioethics, shown in the documentary and 2. building key knowledge for learning, correlating the daily experiences of the participants with the topics discussed.

Moment 2

In its second moment, lasting approximately one hour, the workshop focused on displaying the conclusions, within the scope of bioethics, developed by each group in the previous moment. Soon after, a two-hour screening of the film *Adeus Lênin* took place. The participants were then divided into teams for the mock jury, put into action in the third moment of the workshop. After a 15-minute break, the necessary guidelines and bibliography for the mock jury were made available. Furthermore, the theoretical explanation assimilated in the first moment of the workshop was an essential tool in the preparation of arguments by each team, with emphasis on the topics of 1. diagnostic communication, 2. confidentiality, and 3. privacy. The groups simulated defense, jury and prosecution, and the main character of the film, Alexander Kerner, acted as the defendant.

Moment 3

Moving towards the third stage of the training workshop, the mock jury took place in one hour and 15 minutes, with 15 minutes for snack. The issues that covered the central aspect of the film were explained, with an emphasis on diagnostic communication, confidentiality, privacy and secrecy. The course participants were selected randomly, to work on both their ability to argue and their otherness, considering that everyone had to present their line of reasoning in accordance with their role on the jury, even if it differed from individual opinions and beliefs.

Concluding the activity, a conversation was held addressing the topic of confidentiality in PHC/FHS. As a theoretical tool, a problem situation was presented, described in a case of human immunodeficiency virus (HIV) infection in PHC/FHS, which addressed the issue of confidentiality and secrecy, totaling two hours directed to the third stage. Through such a clinical context, the aim was to assimilate and apply the concepts discussed in the Bioethics Training Workshop to issues involving the user, their family and the healthcare team, since the situation had known importance in the experience of the course workers. The final 30 minutes focused on conclusions, final considerations and thanks.

Assessment of the workshop

The evaluation of the bioethics training activity was carried out from the perspective of the study participants, using a questionnaire, a data collection instrument used to reach a large number of individuals, and of the pedagogical facilitators, through the perception of the stages of the pedagogical process.³⁴ The questionnaire was structured with discursive and objective questions, not being too long so as not to tire the respondent. The order and quantity of questions were factors thought to be important, as they could affect the participant's interest, thus altering the quality of the information.³⁵

The perception of the stages of the pedagogical process was carried out under the inspiration of the participant observation method, considered an essential part of fieldwork in qualitative research.²² According to Schwartz and Schwartz, participant observation is defined as:

... a process by which the observer's presence is maintained in a social situation, with the purpose of carrying out scientific investigation. The observer is face to face with those observed and, by participating in their lives, in their cultural setting, collects data. Thus, the observer is part of the context under observation, at the same time modifying and being modified by this context (apud Minayo, p. 89).²³

In the present study, participant observation was not directly adopted — considering that the observation time was only 12 hours —, but rather the *perception* of the training processes in bioethics, during which we sought to maintain a level of pleasant and trusting relationship with the members of the FHS teams. In the initial approach, the objectives of the study were clarified to avoid later problems, in addition to this being the easiest and safest way to start the work.

Through the script prepared for the process of perceiving the stages of the pedagogical process (Chart 3), information was obtained at the moment the event occurred — in this case, the training workshops —, this being the most direct means to study the wide variety of phenomena. However, one cannot hide a negative point of this technique, the possibility of preventing the spontaneous occurrence of events, leading to a change in behavior on the part of the observed group.²⁴

Chart 3. Guide for understanding the stages of the educational process in the 1st Training Workshop on Bioethics and Primary Health Care.

- Established social relationships
- Empathy, affection and listening skills of participants
 - Ability to argue using available theoretical tools
 - Ability to put yourself in someone else's shoes
 - Ability to work in a team
 - What are inconsistencies between what is said and what is done
- How are hierarchical relationships, relationships between peers and those between different professional categories
 - Use of bioethics concepts in discourse

The prepared script served as a guide — for the appreciation of all the workshops held —, used during the perception process, in which it was highlighted: how the workshops were organized in practice; how they worked; how hierarchical relationships, relationships between peers and between opposites were processed; and which significant symbols and signs were emitted and naturalized in everyday life.

Data analysis

The assessment of qualitative data was based on the content analysis method, understood as

a set of communication analysis techniques aimed at obtaining, through systematic and objective procedures for describing the content of messages, indicators (quantitative or not) that allow the inference of knowledge relating to the conditions of production/reception (inferred variables) of these messages (p. 47).³⁶

The responses of the research subjects, in the questionnaires, were categorized on the basis of the initial “floating reading” (pre-analysis), exploration of the material, treatment of the results obtained and interpretation.³⁷ The theoretical categories prior to data collection were articulated with previous works, notably by Motta,¹⁴ Zoboli and Fortes¹⁶ and Siqueira-Batista et al.¹⁷ The empirical categories, which emerged during the data analysis process, will be commented on later in the section “Results or Perspectives of Players”.

Quantitative analysis — using 1. the data contained in the first part of the assessment questionnaire and 2. the categories prepared in the qualitative analysis process, which concerned the grouping of “elements, ideas or expressions around a concept capable of covering all of this”³⁷ — was carried out by creating a database in the Epi Info program, version 6.04, and statistical analysis, in this program and in the Statistical Package for the Social Sciences (SPSS), version 10.0 for Windows (version 10.0; SPSS Inc, Chicago, Ill). Parametric and non-parametric tests were used according to the nature and behavior of the variables.

Ethical aspects

The research project was approved by the Human Research Ethics Committee (CEP) and the Department of Medicine and Nursing (DEM) of the Federal University of Viçosa.

To carry out the study, the participant was asked to sign an informed consent form, which emphasized the risks and benefits of the investigation, in addition to explaining the guarantee of confidentiality regarding the identity of the research subjects and the publication only in a scientifically recognized environment. Therefore, the protocol was in line with what is established under Resolution No. 466/12 of the National Health Council, which regulates research involving human beings as participants.

RESULTS OR PERSPECTIVES OF PLAYERS

Perspective of participants

After completing the workshop, participants were offered an instrument to evaluate the activity — an anonymous questionnaire — which could be answered freely (that is, the health professional could refuse to fill it out if they so desired), at no cost. The findings corresponding to the completed questionnaires (77 in total) are summarized in Table 2 and are described below.

Regarding question 1 — “*What did you think of the organization of the Bioethics Training Workshop?*” —, the majority of participants considered it very good (49.3%), followed by excellent (26.0%), good (23.4%) and all right (1.3%). The details of the data are presented in Table 2. Significant comments for this question are presented below:

Table 2. Assessment of participants in 1st Training Workshop in Bioethics and Primary Health Care.

Assessment regarding Question 1 — “What did you think of the organization of the Bioethics Training Workshop?”		
Criterion	Frequency	Relative frequency (%)
Excellent	20	26.0
Very good	38	49.3
Good	18	23.4
All right	1	1.3
Poor	0	0.0
Total	77	100.0
Assessment regarding Question 2 — “What did you think of the content covered in the Bioethics Training Workshop?”		
Criterion	Frequency	Relative frequency (%)
Excellent	23	29.9
Very good	36	46.8
Good	15	19.5
All right	3	3.8
Poor	0	0.0
Total	77	100.0
Assessment regarding Question 3 — “Which activity did you like most?”		
Criterion	Frequency	Relative frequency (%)*
Dialogue presentation on the 1st day	23	29.9
Film <i>SOS Saúde (Health)</i> (1st day)	16	20.8
Discussion of film <i>SOS Saúde</i> (1st and 2nd days)	19	24.7
Film <i>Adeus (Goodbye) Lênin</i> (2nd day)	47	61.0
Mock jury of the film <i>Adeus Lênin</i> (3rd day)	59	76.6
Discussion of Helena’s problem situation (3rd day)	55	71.4
*Taking into account a total of 77 questionnaires answered.		
Assessment regarding Question 3 — “Which activity did you like most?” (comments)		
Positive points		
Criterion	Frequency	Relative frequency (%)
Space for discussion	15	19.5
Negative points		
Criterion	Frequency	Relative frequency (%)
Questions regarding the films	9	11.7
Insufficient time for debate	2	2.6
Didn’t know how to answer	6	7.8
Little theoretical basis	2	2.6
No answer given	43	55.8
Total	77	100.0
Assessment regarding Question 3 — “Which activity didn’t you like?”		
Criterion	Frequency	Relative frequency (%)
Liked all activities	13	16.9
Didn’t like the chosen film (<i>SOS Saúde</i>)	28	36.5
Didn’t like that the film was subtitled	13	16.9
Didn’t like discussion	2	2.50
Didn’t understand the question	2	2.50
No answer given	19	24.7
Total	77	100.0

Continue...

Table 2. Continuation.

Assessment regarding Question 4 — “Do you think the workshop will help your work at the FHS??”		
Criterion	Frequency	Relative frequency (%)
The workshop will help with the work carried out in FHS	74	96.1
The workshop will not help with the work carried out in FHS	1	1.3
No answer	2	2.6
Total	77	100.0
Assessment regarding Question 5 — “What would you suggest to improve the workshop?”		
Criterion	Frequency	Relative frequency (%)
Aspects regarding the films (choice, use subtitles and/or editing)	18	20.9
Larger number of dynamics	9	10.5
Charging for attendance	4	4.6
Incompatibility of the chosen time	4	4.6
Location-related characteristics	9	10.5
Larger number of discussions	6	7.0
Offer of more workshops	7	8.1
Others	6	7.0
No answer given	23	26.8
Total suggestions*	86	100.0

*Many questionnaires contained two or more suggestions; as a result, the number of suggestions added to the number of unanswered questions (n=86) was greater than 77 (number of participants who filled out the questionnaires).

FHS: Family Health Strategy.

“Everything that was said and commented on ethics and bioethics was valid and will have great value in my professional life.”

“The initiative was very good, and it could happen more often.”

“I learned a lot, I thought it was a great benefit”

“Because it was a discussion held in groups and through discussion we interacted with other people.”

Regarding question 2 — “What did you think of the content covered in the Bioethics Training Workshop?” —, the majority of participants considered them very good (46.8%) and excellent (29.9%). These data are also shown in Table 2. Among the comments made, the following stand out:

“It was very useful, I would like it to be done in the Family Health Program with fewer people”

“I learned some things and gained information that will help me in my day and not just at work!” ”

“It helps us think about our attitudes and often put ourselves in the other person’s shoes.”

“Working in groups facilitated the development of activities.”

“There was talk about subjects that I didn’t know about until then and that brings knowledge.”

“It was a good idea to choose the bioethics approach.”

Question number 3 asked “Which activity did you like most?”, and more than one option could be chosen as an answer. The relative frequency was obtained using the absolute total value as the number of questionnaires answered. The workshop audience chose the mock jury for the film *Adeus Lênin!* as the activity with the highest approval (76.6%). The discussion of the problem situation had a high rate of positive

assessment (71.4%). The film *SOS Saúde* was the least selected by the group (20.8%). Table 2 presents these indices in more detail. There was an opportunity for the public to argue about their choice(s), as well as to express their views on negative aspects of the workshop (Table 2). Some comments satisfactorily reflect participants' perceptions:

"I know that the films are selected, but I think it should be dubbed as it is very difficult to follow with a large number of people."

"We also had the opportunity to discuss the problems of our reality."

"I believe some tips and guidance on how we can improve our approach to bioethics issues would be helpful."

"The entire content of the lecture was super interesting, we were able to see where we were going wrong and what we should improve."

"Film SOS Saúde (confusing, It couldn't keep my attention)."

"I liked all the activities, because you chose a good and controversial topic."

"I just thought the film was too long and the subtitles lost a lot."

Likewise, the group was asked, in question 4 — *"Do you think the workshop will help in your work at the FHS?"* —, about the use of the workshop. The majority of participants thought that the workshop would help with the work carried out at the FHS (96.1%). Only one person believed that there would be no benefit from the workshop in the work carried out at the FHS (1.3%) and two participants did not respond (2.6%). Table 2 contains a description of these data. The following impressions stood out:

"Yes, it reinforced respect for the patient."

"Yes, in the matter — ethics and behavior, how to deal with user problems."

"Yes, it made me reflect on whether bioethics is included in my practice and that of the team."

"Certainly, participating in the workshop makes us reflect on various everyday issues and rethink our conduct and ethics."

"Yes, we always deal with this, and learning to analyze the situation is very important."

In conjunction, question 5 asked *"what would you suggest to improve the workshop?"*, allowing as many aspects as desired to be highlighted, obtaining 86 response categories. The aspects relating to films were the most significant (20.9%). The desire to hold the workshop in a more accessible location and with a greater number of dynamics (10.5% each) ranked second. The number of people who did not answer this question (26.8%) is important, representing the highest frequency. The data are summarized in Table 2. Among the responses, some stand out that cover representative perspectives of the group:

"Bring shorter films for better enjoyment, without subtitles."

"Role-playing activities and less extensive film."

"Create a criterion to hold the attention of almost the entire audience on every day of the workshop."

"The film SOS Saúde could be edited (removing some of the cases), as most professionals were tired due to the film being too long."

"Group dynamics for the integration of people/teams."

Perspective of facilitators (workshop helpers)

The helpers, through their close contact with health professionals during the workshop, brought many important and interesting observations, identifying positive aspects regarding the production and execution of activities, such as observing the perception of the importance of the workshop space for healthcare professionals. FHS as an opportunity for dialogue, communication and exchange of knowledge. The availability for dialogue was clear, even with participants who did not want to speak out during their colleagues' reports, but who approved of what was being said and who shared views on the problems. It was noticed that the appropriation of concepts on the topic was not suitable for everyone: some participants were able to detect bioethical problems in the films; others did not clearly answer the questions asked during the workshop, directing their answers to another topic.

It was also possible to notice that community health workers (CHW) — according to the reports presented during the workshop — did not have the autonomy to present solutions to problems in their workplace, characterizing a certain form of submission to other professional categories. Finally, it is worth confirming the importance of offering new training spaces on the topic to these professionals; Furthermore, it is recommended that more moments of dialogue be proposed between the different workers of the FHS teams so that they (especially the CHWs) can feel more valued in their work, which could contribute to improving the quality of the services provided.

Perspective of professors

The view of those who thought up the project, who believed in the importance of training and who conceived the format of the workshop comes with glasses that do not allow for an assessment free of bias. These subjects — the coordinating teachers — have perceived and felt emotions, making the analysis, perhaps, more aesthetic and ethical than epistemological.

It was possible to notice during the interactions carried out in the workshop that the habit of active search for knowledge by participating professionals was lacking, which made the collective construction of teaching-learning difficult, in a perspective in which reflection on practice and theorization support the new practice. Thus, it was noticed that the study of participants for the workshop was, in many moments, insufficient.

Another important point concerns the lack of time for some activities, perhaps due to insufficient or inefficient planning. More time would be needed to discuss the problem situation. Furthermore, it would be important to show a shorter film on the first day and, perhaps, one that would be easier to understand, as the participants come from multiple backgrounds and levels of education. Thus, as a self-criticism, it can be said that the workshop was very “academic”. In any case, from the point of view of those who coordinated the event, the exercise was satisfactory; In other words, it was worth the debut! It took years of training to transpose theory into practice, with setbacks, but recognizing the importance of reflection directed at reality.

DISCUSSION OR REVIEWING THE SCRIPT

The decision about which points, concepts and problems are significant for the approach in a bioethics training process for PHC/FHS professionals obviously involves mapping the main issues

experienced in daily work in this health care space.³⁷ Know in the case of bioethics in PHC, reports and investigations are still few in number in Brazil, even though the quality of what has already been produced is high and although great efforts have been made to make clear the need to expand the context of analysis for this new scenario, which has its peculiarities. For example, we can mention the study by Zoboli and Fortes,¹⁶ from which problems of different natures emerged, categorized as relationships: 1) “ethical problems in relationships with users and family; 2) “ethical problems in team relationships”; 3) “ethical problems in relationships with the organization and the health system”. It is noteworthy that issues involving CHWs were also raised, especially in the context of the functions carried out by these professionals, which are often new and little understood, which was repeated in the works of Motta¹⁵ and Vidal.³⁸

It is important, then, that the content covered during the workshop emphasizes the bioethical issues pertinent to the reality of these workers, leaving tertiary care and biotechnology situations in the background, creating potential conditions for a significant learning process to occur, providing them with knowledge, expertise, intellect, critical judgment, responsibility and sensitivity to act on issues relating to society and life, making them capable of influencing complex and uncertain situations.³⁹ Observing the results of the assessment from the perspective of the participants, It is clear that the concepts selected for the workshop, as well as the diversity of methodologies, brought satisfaction in participation, an essential factor for learning.²⁵

The presence of teaching-learning methods such as problematization of real situations, film projection and problem-situation processing, make the subject competent in reflection and argumentation, essential capabilities for detecting, analyzing and resolving problems. problems within the scope of bioethics, with such methods enabling the production of autonomy and emancipation,^{30,40,41} producing agents that transform reality itself, in an exercise of action-reflection-action as elaborated by Freire.⁴² It was observed that diversity of methods was satisfactory for the group, providing a space-time for active and participatory learning; in fact, the absolute majority of participants reported that there was a cognitive gain and that the concepts constructed are important tools for their professional practice.

It is worth confirming, at this point, that few works^{38,43-45} currently developed allowed not only to outline the problems but also to train professionals and determine whether this training was satisfactory from a double perspective — of the participants and those who carried out the activity —, allowing that the lens of observation is under two different players in the process, increasing, the authors hope, the reliability of the results.

FINAL CONSIDERATIONS: THE CURTAIN FALLS, BUT THE SHOW DOESN'T END

Holding a training workshop cannot be considered enough for *teaching-learning* movements in bioethics for PHC/FHS professionals. It is believed that the continuity of educational measures and processes, on a permanent basis, will be able to emerge the need for permanent exchanges and the collective and individual construction of spaces and times to promote such issues. Proposing the opening of these spaces-times is yet another challenge that stands in the way of those who work with bioethics, as well as strengthening the possibility of dialogue, secularism, integrality, justice and reflection between and with PHC/FHS professionals, perpetuating the logic of teaching-service-community integration and the alliance of technical skills with bioethics in the training and performance of health professionals.

CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

APG: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Supervision, Writing – original draft, Writing – review & editing. SOP: Investigation, Methodology, Writing – original draft, Writing – review & editing. LLG: Investigation, Methodology, Writing – original draft. PMM: Investigation, Methodology, Writing – original draft. JLP: Investigation, Methodology. RBF: Investigation, Methodology. TSB: Investigation, Methodology. ASBC: Investigation, Methodology. RSB: Conceptualization, Data curation, Formal analysis, Funding acquisition, Project administration, Supervision, Writing – original draft, Writing – review & editing.

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