


### The use of narratives and group device approach in education/continuing education of health professionals: a literature review

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This article deals with the set of problems surrounding care's strategies for life, the setting up of patient's autonomy, cooperation and bonding regarding public health care services. Its objectives are to map the continuing education strategies of the health professionals who use the group device and the narratives to identify their theoretical-methodological matrices and to analyze the conceptions about the care of the experiences under study. A review of the literature on the experiences published between 2000 and 2017 was carried out. As a result, it was verified that the publications have foundations on the interactionist, constructivist and problematizing theories. The analyzed experiences used more of a group strategy, being predominant the focus groups; the oral narratives were the main modalities, addressing varied themes around care. It concludes by the importance of the use of shared narratives in groups for the transformation of practices and the reconstruction of senses and meanings of health care.

**Keywords:** Care. Groups. Narratives. Continuing education in health.

## Introduction

Social values evolve in the last decades by transformations in which individualism, consumerism and the pursuit of immediate pleasure are privileged. These processes fray the social tissue and generate effects on the health of populations. Added to this, globalized capitalism with its demands for productivity and the imponderability of having / maintaining employment, promotes the dismantling of the social protection process, leading to illness and, at the same time, to the fear of becoming ill and unemployed<sup>1</sup>.

In the health area, the disinvestment in “human resources”, expressed in the lack of workforce replacement, low remuneration and absence of a job and salary plan, contributes and determines the poor quality of care. Aware of the challenges to improve this scenario, Cecílio<sup>2</sup> points to the importance of management of care. This would be carried out in multiple dimensions, “immanent among themselves”: individual, family, professional, organizational, systemic and societal. We highlight here the professional dimension, which usually occurs “outside of external control” and is governed by three main elements:

- a) the technical competence of the professionals in their specific professional core, that is, the ability by experience and training, to respond to the problem (s) experienced by the users; b) the ethical position of the professionals, in particular, how they are prepared to mobilize everything they know and everything they can do, under real working conditions, to best meet those needs; c) not least, their ability to build a bond with those who need their care<sup>2</sup>. (p. 591)

It is in this core that the strategic actions of Permanent Education in Health (EPS in Portuguese) are inserted and were instituted through the National Policy of Permanent Education<sup>3</sup> (PNEPS), of 2004. Such strategies aim to “mobilize the transforming power of reality” through the problematization of the troubles experienced with the reality that each subject experiences - the life lived in act<sup>4</sup> – and counting on their previous knowledge.

Care in the field of micro-politics of health work is operated through technologies that, understood from a broader conception, can be classified according to Merhy<sup>4</sup>, in “hard” - instruments or equipment, medicines -; “soft-hard” - structured technical knowledge, such as protocols and clinical-assistance guidelines - and “soft technologies”, which are relational, such as welcoming, listening and bonding, which happen “in the act.” In this sense, it is necessary to construct innovative practices that are more democratic and with which “autonomy in the production of health acts”<sup>5</sup>, building and rebuilding the freedom to do things in a way that makes sense for the worker and based on cooperation between health professionals, users and managers<sup>5</sup> (p. 95-7).

It is in this same direction that EPS has, as a fundamental part of its methodology, working with groups, since among its presuppositions is the promotion of multidisciplinary teamwork aiming at the collective construction of knowledge and the use of active learning methodologies (MAA in Portuguese). These methodologies operate in the professional and affective sphere, developing group awareness and contributing to the strengthening of professional identities<sup>3</sup>.

We chose to highlight the narratives among the different MAA. The narratives, since the last decade of the twentieth century, have been the subject of research interest and understood as a new theoretical approach to the social and human sciences, undertaking a strong influence in the social sciences in health. As signals Castellanos<sup>6</sup>,

Narratives permeate our lives, in different instances, in different places, composing the thickness of living. From birth to death, we find ourselves interspersed in narratives. Not only regarding personal or family matters, but also in great narratives about the world and living. For this reason, they arouse interest in many fields of the arts and knowledge - films, theaters, literary texts, philosophy, linguistics, literary theory, psychology, social sciences. [...] We live immersed in “big” and “small” narratives. (p. 1066)

In order to contribute to this discussion the present investigation, based on the references of the French psychosociology<sup>7</sup>, of psychoanalytic theory on intersubjective and group processes<sup>8</sup> and the Psychodynamics of Work<sup>9</sup>, considers that the learning process does not only include a cognitive and conscious dimension, but also a psychic elaboration, based on the subjective experiences associated with the work performed by health professionals<sup>10</sup>. It is configured as a process of producing meanings - or new senses - for what we live, for what affects us as subjects. Thus, we understand that the use of the group device and the narratives as EPS strategies can constitute an experience that favors the elaboration by health professionals of the meanings of their practice and their implication as subjects with the reality of the services where they are inserted, in the relationship with users and staff professionals.

In this perspective, we carried out a survey of the experiences of EPS, which use the group device and the narratives as strategies to reconstruct the meanings of health work. The theoretical-methodological matrices that inform the formation / permanent education strategies, the narratives and the group approaches of these experiences were also mapped, raising the present conceptions of care, especially its intangible dimensions, such as autonomy, cooperation and bond.

## Methodology

The literature review was carried out through the narrative review method, where we chose to use explicit and systematic criteria for the search and critical analysis of the literature, however, without the pretension of exhausting the sources of information. Therefore, sophisticated and exhaustive search strategies were not applied, and the selection of studies and the interpretation of information are subject to the author's subjectivity.

The review aimed to survey and analyze the bibliographic production concerning experiences in EPS using groups and narratives of health professionals. Initially, in order to contextualize and serve as a basis for the discussions of the experiences to be raised, mappings were carried out on the main theoretical-methodological matrixes of EPS and the narratives approach, organized in the form of tables and presented in the discussion of the results.

We then proceeded to the research, establishing the criteria for inclusion and exclusion of the experiences to be searched in the databases. It was then carried out the survey of the experiences of training / permanent education of the professionals of the SUS health services using the strategies of the group device as well as the use of narratives. This survey was carried out during the period from September to October 2017. The databases used were the Regional Virtual Health Library (BVRs)<sup>(c)</sup>; *Scopus*; the Capes Bank of Theses; the Digital Bank of Theses and Dissertations (BDTD/IBICT) and Google Scholar<sup>(d)</sup>. Search terms were used in the following combination: (*continuing education in health OR continuing education in health OR permanent health education OR training in health service*) AND (*narrative\**) AND (*group\* OR team\**) (in Portuguese: *educação continuada em saúde OR formação em saúde OR educação permanente em saúde OR treinamento em serviço de saúde*) AND (*narrativa\**) AND (*grupo\* OR equipe\**). The combinations of the keywords were the same for all the search bases, and for Scopus the translation of the terms into the English language was performed.

Papers written in Portuguese, English and Spanish were searched, based on qualitative or qualitative and quantitative methods, which approached the selected topic. The selection was carried out in a first step from the analysis of the title, abstract and theme of the research, having as a time interval publications between 2000 and 2017, considering a four-year advance of publication in 2004, the PNEPS<sup>3</sup>, up to the year of the survey.

Table 1 shows the combinations of the search terms, as well as the filters and the amount of work resultant in the different databases, which captured a total of 947 publications. In this phase of the research, a total of 38 papers were selected, including 17 articles, 11 dissertations, nine theses and one book chapter. Exclusion criteria were researches that: a) aimed at health education directed only to patients; b) did not address continuing education or training of health professionals; c) they had only quantitative methodologies; and d) that they did not use the narratives “and” the groups in their methodological approaches.

<sup>(c)</sup> Regional Virtual Health Library (RVHL) includes the VHL and Lilacs  
<sup>(d)</sup> Google Scholar includes Scielo

**Table 1.** Result of Literature Review.

COMBINATION OF TERMS	DATA BASE										TOTAL of the 1 <sup>a</sup> STAGE	
	BVS REGIONAL		SCOPUS		BDTD		CAPES		GOOGLE SCHOLAR			
	Cap.	Selec.	Cap.	Selec.	Cap.	Selec.	Cap.	Selec.	Cap.	Selec.	Cap.	Selec.
(“permanent health education” OR “continuing education in health” OR “continuing education in health” OR “training in health service”) AND narrative* AND (team OR group*)	17	3	14	0	12	7	35	7	869	20	947	38

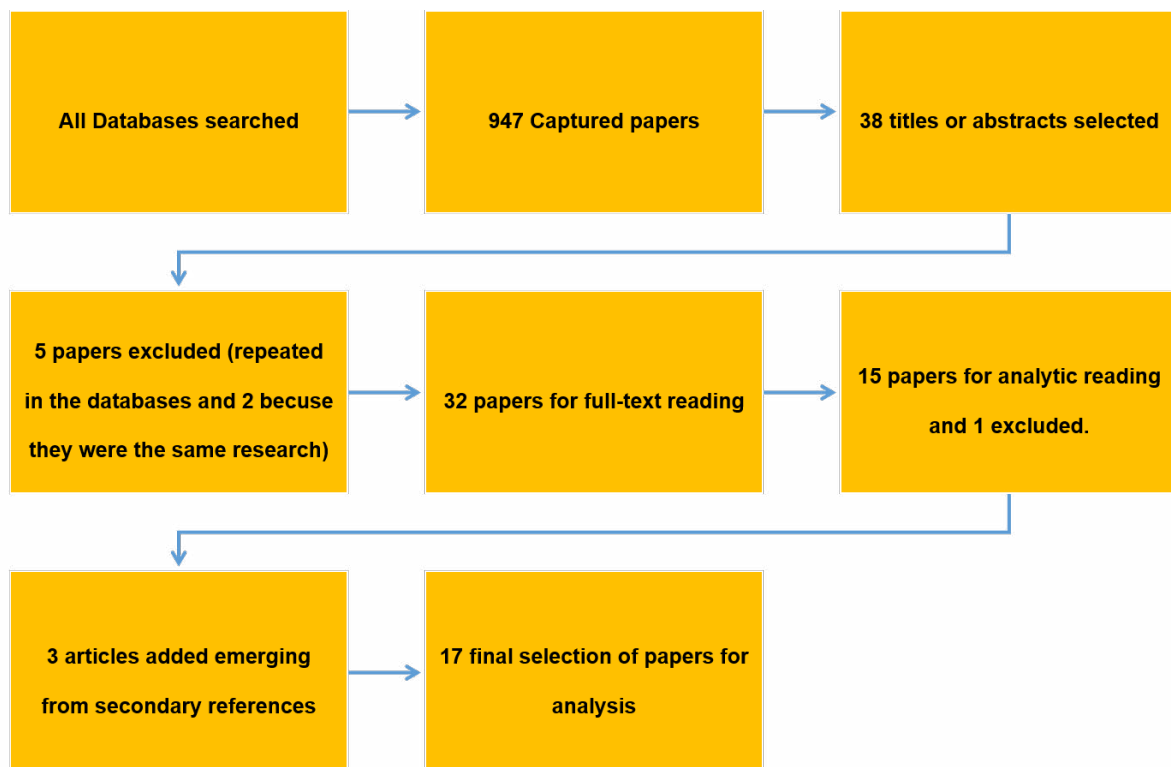
Legend: Cap. = Captured, Selec. = Selected

Of the 38 papers selected, five were excluded because they were repeated at least once in the different databases. It was verified that two papers referred to dissertations and their corresponding articles. After the complete reading of the 32 selected papers, 17 exclusions were made, since they dealt with works that:

- Approached the EPS using the group device, but “without” use of the narratives (five works);

- Addressed narratives, but were not directed to health education, but about: clinical narratives (two); narrative review (one); self-referential narrative (one); narrative interviews (seven); narrative as a methodological reference (one).

After reading the 15 papers in its entirety, seven papers, four dissertations, three theses and one book chapter were selected, one being excluded because it was an evaluative research using narratives, but not directly involving EPS. From the 14 selected papers, we searched for the references used by the authors, here called “secondary references”. Another article and two theses were incorporated through these references, totaling at the end of this process, 17 scientific papers analyzed. Figure 1 shows the summary of the steps taken.



**Figure 1.** Research Steps

After the final selection of the works, we organized the data collected regarding the specifications of the research subjects, the nature of the experiments and their temporal distribution. Then, the analysis of the selected papers was based on the tables on the methodological approaches of EPS, of narratives and group strategies elaborated in the first stage of the work and the following questions: 1. What are the conceptions of training / continuing education of proposals and experiences working with group devices and narratives? 2. What is the conception of care and how are its intangible

dimensions addressed - autonomy, cooperation and bonding? 3. What approach to narratives and groups are made?

## Results

From the final selection of the 17 papers, eight corresponded to research defined as action research and / or intervention, six were qualitative researches that presented experiences in EPS and three were reports of experience in EPS (Table 2).

**Table 2.** Distribution of the selected works according to the nature of the experiments.

Nature of Selected Works	Number	Percentage
Action Research / Intervention as EPS	8	47
Qualitative research on the Experience EPS	6	35
Experience Report from EPS	3	18
TOTAL	17	100

Source: Authors' elaboration  
EPS: Permanent Education in Health

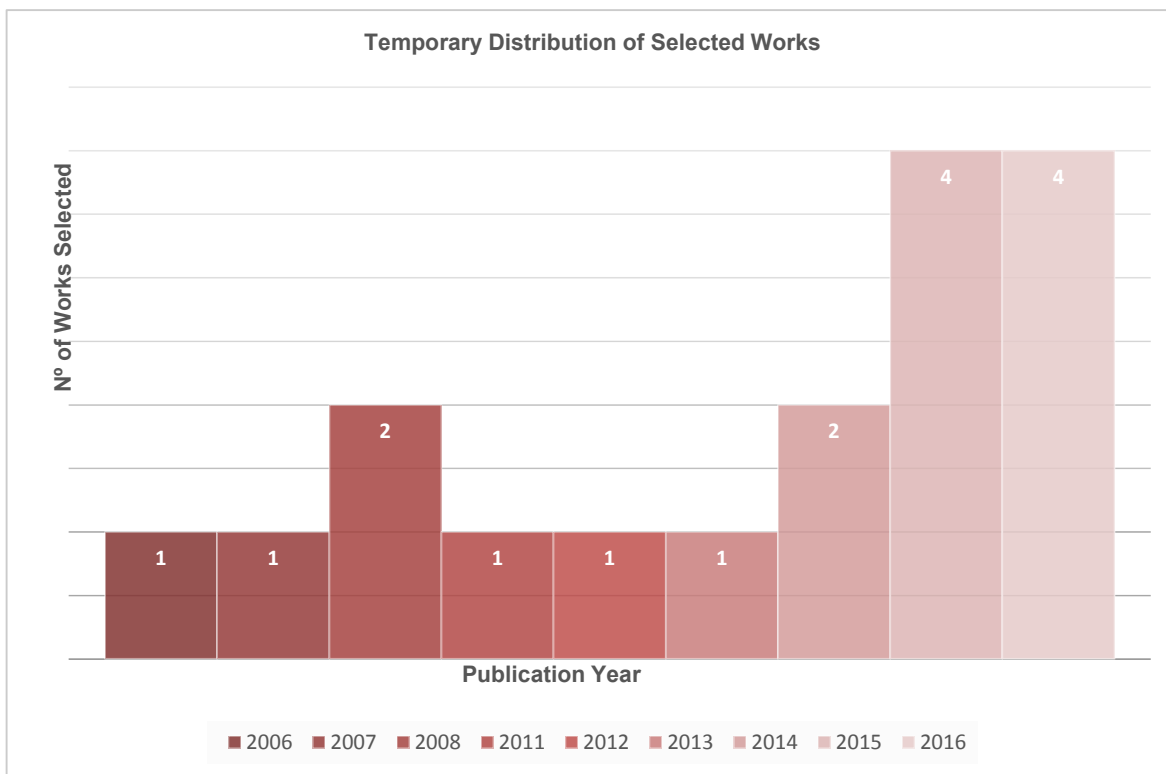
The majority - 11 studies - involved only health professionals, and the others analyzed health education, only at undergraduate level - two papers - or only residents – one paper, besides two articles studying residents and undergraduates and one with health professionals and graduates. This distribution can be seen in the Table 3.

**Table 3.** Distribution of the selected works according to the type of subjects involved in the experiments

Subjects involved	Number	Percentage
Professionals	11	64
Residents	1	6
Graduates	2	12
RMP and Graduates	2	12
Professionals and Graduates	1	6
TOTAL	17	100

Source: Authors' elaboration  
RMP: Multiprofessional Residence

It could be observed that the selected papers are recent publications, with an increasing trend from 2015 on, according to the graph one.



**Graph1.** Time distribution of the selected works

## Discussion

### Permanent Education in Health

In order to subsidize the analysis of the theoretical-conceptual conceptions of permanent education present in the papers that were selected, we elaborated two charts. Chart 1 summarizes the origins of the concept of Permanent Education in the United States, Europe and Latin America.

**Chart 1.** Theoretical-Pedagogical Matrixes of Permanent Education

THEORETICAL-CONCEPTUAL MATRIX	THEORETICAL BASIS	AUTHORS	OBJECTIVES
<b>1. New or Progressive School</b>	Pedagogical techniques that led to significant modifications in the American educational model (centered on the memorization and transfer of knowledge). The roots of the use of problems and experience as resources for the teaching-learning process can be considered.	John Dewey (1859-1952)	The school as an instrument for the building up of society by valuing the personal qualities of each individual and education as a factor of humanization and social transformation.

it continues

**Chart 1.** Theoretical-Pedagogical Matrixes of Permanent Education

THEORETICAL-CONCEPTUAL MATRIX	THEORETICAL BASIS	AUTHORS	OBJECTIVES
<b>2. Interactionist Theories; Constructivism.</b>	Piagetian Interactionist Theory and Vygotsky's Socio-Interactionist Theory: the human being takes an active role, using objects and their meanings to know, learn and develop. In education, constructivism used elements of Piaget's genetic theory; the meaningful learning of Ausubel, the integral formation of Wallon, and Vygotsky's sociocultural approach <sup>11</sup> .	Jean Piaget (1896-1980); Lev Vygotsky (1896-1934); Henri Wallon (1879-1962); David Ausubel (1918-2008).	The combination of the elements experience, environment and individual capacities allowing the constitution of different ways of learning.
<b>3. Adult Learning, Popular Education.</b>	Andragogy - philosophy, science and technique of adult education. Learning process occurs through the needs and interests of adults.	Europe, 1930s and with great force in the 60s. Pierre Furter (1931-).	Education as a social practice, aiming to reposition large numbers of people in the labor market, due to the intensification of industrialization and urbanization.
	Based on the theory of dialogical action. Critique of "banking education" (student as empty deposit where the teacher deposits the content). Meaningful learning: takes into account the previously learned in order to make sense in their everyday practices <sup>11</sup> .	Paulo Freire (1921-1997)	Education as a practice of freedom / awareness / change. Development of critical awareness and emancipation.
<b>4. Institutional Movement in Education.</b>	Mudar a noção de Recursos Humanos, vinda da Administração e da Psicologia Organizacional, para a de coletivos de produção. Através da criação de dispositivos para que o coletivo se reúna e discuta. Quando a análise é realizada em situação, por um terceiro que atende à encomenda de um grupo ou organização, trata-se da Socioanálise (Lourau). Tem por base um conceito dialético de instituição, utilizando-se de um método constituído de um conjunto articulado de conceitos, sendo os mais relevantes: encomenda e demanda, transversalidade, analisador e implicação <sup>12</sup> .	Lourau & Lapassade; Guatarri <sup>10</sup> .	A common goal: to "unleash, support and perfect the self-analytical and self-managing processes of social collectives" and "to understand a certain social and organizational reality, based on the discourses and practices of the subjects" <sup>12</sup> (p.198).

Source: Authors' elaboration

From the 1970s onwards, international movements to change the health care model emerged - from the disease-centered, medicalizing and hospital-centered model to one centered on the subjects and their social-family network, valuing interdisciplinarity and multiprofessional teamwork, requiring transformations in the education of health professionals. Following some of the pedagogical conceptions of lifelong education, the Pan American Health Organization in the 1980s proposes EPS "[...] as a strategy for the organization of educational processes directed to health workers, "generating impact for the improvement of the health conditions of the populations"<sup>5</sup> (p. 93).

In Brazil, EPS expresses "a political-pedagogical option", whose objectives are based on the contribution of education to the construction of the Brazilian National Health System (SUS)<sup>13</sup>. In the Chart 2, based on the discussions carried out by Ceccim<sup>14</sup> and Feurwerker<sup>5</sup>, we summarize the main approaches.



**Chart 2.** Approaches to Continuing Education in Health in Brazil

APPROACHES	THEORETICAL-METHODOLOGICAL BASES AND MAIN AUTHORS
<b>1. Movements due to changes in health care</b>	Management and reorganization of health work from training and health work. Based on Paulo Freire: notions of problematization and significant learning.
<b>2. Movements of change in Sectorial Management; Quadrangle of Health Training: Management, Training, Attention and Social Participation</b>	Basis in the institutionalist movement. Methodologies that allow collectives to be analyzed and produced in other ways, such as flowcharts, analyzers <sup>4</sup> , providing a way to operate the management. Paideia method, where the supporter / teacher is more than a facilitator - sharing Vygotsky's conception - should actively support the group in the process of formation: support and momentum <sup>15</sup> . World of work as a means of the pedagogical process and learning of the worker, and as the way to management (institutional space), through the EPS, put the doing under analysis and intervention <sup>13,16</sup> .
<b>3. Movements of change in the Education of Health Professionals.</b>	Of strong engagement and original production, such as those developed by the National Interinstitutional Commission for the Evaluation of Medical Education and UNIDA Network, in the search for a reorientation in the graduation of health courses and a change in the orientation of the health conception and the assistance model for a focused model in the subject and based on SUS principles and guidelines: universality, equity, integrality, social and decentralized participation. Ministry of Health, based on PROADI-SUS projects

Source: Authors' elaboration

### Narratives and Groups for Intervention in the Care Production Process

In the same way that we proceeded with the EPS analysis and in order to subsidize the discussion about the literature survey, we mapped the main ways in which the narratives are being used in the human and social sciences, as shown in Chart 3.

**Chart 3.** Narratives - Key Approaches

APPROACHES	Main Concepts, Theoretical Frameworks and Tools
Self-referential Narrative; Training.	It tells what was lived in the social from the own history, as in the works of art, romances; Narratives of formation as a means of investigation and pedagogical instrument in the sciences of education, allowing the subject to establish meaning for their formation in the course of life.
Life narrative; Autobiographic; Life's history.	Life narrative is a method of biographical research (Pineu; Legrand; Bertaux); in ethnosociological perspective, a way for the study of a particular fragment of historical-social reality; analysis of social worlds centered on professional activity; understanding of phenomena involving situation categories; in the psycho-sociological perspective (Levy, Giust-Depraïres), narrative as a text under construction, built on the demand of a researcher, who will, at the end, rewrite it; in the narrative act, the process of subjectivation is characterized by the simultaneity between the narrative construction and its referral to the other; in the Family Romance (Gualejac), a clinical posture, constructed by listening, by experiential knowledge, by the reception of the actors' knowledge of the social world.
Pesquisa Narrativa ("Narrative Inquiry")	Methodology is the collection of stories about a particular topic where the researcher will find information to understand a certain phenomenon. Stories can be obtained through various methods: interviews, journals, autobiographies, recording of oral narratives, written narratives, and field notes.
Critical-Reflective Narrative; Portfolio.	As a teaching-learning strategy that portrays the student's experience, confronted with pertinent theoretical aspects, recomposing the learning trajectory and its register, identifying advances and limits in the intense process of writing / reflecting / learning, interrogating everyday life and strangling the certainties. It is dialogic: with itself, with the group, with the teachers and with the authors. It helps the student organize his thinking, his experience and his theoretical researches.
Narrativa na Educação Médica ("Narrative Medicine")	As a central activity in the practice and teaching of medicine; a tool. Different modalities: a. PBL (Problem-Based Learning): method where cases are constructed stories, whose plot unfolds around a central situation and a sequence of events unleashed from it; B. Narrative of patients about their diseases; W. Anamnesis: main complaint, history of the current disease, previous pathological history, revision of the systems, family history and social history; d. Case report: ordered, descriptive narratives, highlighting the patterns of evidence to identify the disease and its management, organized for presentation and dialogue among physicians. It generally excludes patients' perceptions and understanding of their illness and its effects on daily life.

Source: Authors' elaboration

In the social sciences in health, Ceccim and Kreutz<sup>17</sup> define the narrative from the multiplicity of points of view, from those who tell to those who hear:

It is understood that each narrative intended for others, produces also other perspectives on the stories, stories of other perspectives, other perspectives from other stories about the stories, a mixture of foreign eyes and production of foreign words in its history, simply because they want to exchange, the mix, the novelty, the invention, the recreation, but do not want to be in the form, the prescription, the imposition, the model to be replicated, copied, disseminated [...] The narrative revolves senses and meanings (p. 26-9).

### **Analysis of Captured Experiences**

For each work that was selected based on the matrices of the three tables presented, we seek to answer the research questions presented at the beginning of this article and related to the conceptions of formation / permanent education present in the experiences raised; the conception of care and its intangible dimensions; and approaches to narratives and adopted groups. We highlight the results found below.

#### **The conceptions of formation / permanent education present in the experiences**

The papers analyzed indicate the importance of EPS as a means of promoting the change in the orientation of the health conception and the assistance model, transforming health practices in accordance with the principles and guidelines established in the Organic Health Law, according to which the SUS should be the guide to orient training and health work<sup>18-20</sup>.

Among the main objectives of the EPS, most of the papers pointed to the promotion of democratization and autonomy, humanization and improvement of care<sup>19-23</sup>, along with the transformation in health practices<sup>21,23-26</sup>. Likewise, the EPS strategies accentuated the promotion of multiprofessional teamwork in an integrated way<sup>20,23,26-28</sup>, aiming at the construction of a common project<sup>21,22,28</sup>.

As for the theoretical-methodological approaches used, all the selected articles place the work as a pedagogical practice, putting experience as the driving force of learning and something to be questioned. The work-teaching and work articulation as a subject-producing pedagogy is present in most of the experiences, stimulating the construction of critical consciousness, of creative and inquiring curiosity, being a process of education throughout the professional life as well as an instrument of reflection and transformation of the practices. Such approaches are based on the matrixes of the interactionist, constructivist theories and on Paulo Freire's dialogic and problematizing action.

They constitute training processes that operate both in the technical dimension and in the dimension of relational experience, contemplating conceptual and technical tools - Paideia Method and its devices (Expanded Clinic, Unique Therapeutic Project – (PTS in Portuguese), Reference Team and Matrix Support), undergraduate and specialization of health professionals<sup>19,21,22,24</sup>. This perspective involves the

understanding of EPS as an institutional intervention<sup>19,28</sup>, by promoting the collection of proposals for application, generating creative solutions to the problems discussed by multiprofessional teams and managers, with the participation of users in their care processes<sup>18,21,29</sup>, which also links these works to the institutionalist movement in Education.

### The conception of care in the analyzed experiences

The production of care was present in all works, being understood as the relation between two human beings, who learn from each other. It's a do-together<sup>20,27</sup>, presupposing the legitimation of the other in their own knowledge and in the production of autonomy<sup>21,28-30</sup>.

For this reason, care is a promoter of transformation: the caregiver, who transforms himself to the extent that he cares, transfers part of himself and sees the patient in the work done<sup>31</sup>; of practices, by promoting reflection on everyday life, becoming aware of implicit processes. Reflection, understood as action-linked thinking, in a process of creative learning, promoter of worker and user autonomy<sup>19,25,27,29,30</sup>.

Caring for the professionals since their education, guaranteeing space for reflection on feelings, for attention to their emotions and affections, not losing contact with the world itself<sup>26,29-31</sup>; giving foundations on theories that contribute to cope with the transference processes<sup>18,30</sup>. Caring for oneself as a condition for caring for others<sup>29,32</sup>.

Caring as a facilitator of communication; as humanization through listening, welcoming, bonding and producing autonomy for the patient and the professional<sup>29,30</sup>; as a listener to identify the health needs, for the construction of the Unique Therapeutic Project (PTS), where the multiprofessional team organizes the comprehensive care, promoting and articulating the care network according to the singularities and the processes of living and dying<sup>21,30</sup>. Humanized care "to the end," as an implied presence, as a bond, considering the totality of human experience in health, illness, and death<sup>25,29,32</sup>.

For care to take place, there must be trustworthiness and cooperation among team members, sustaining dense relationships of organized mutual engagement around what they wish to do - common project; autonomy of the team to develop different strategies<sup>19,21,23,27,33</sup>.

### Narratives of the narratives and groups performed in the selected experiments

The analyzed works used different types and, often, more of a group approach, being the focal group the main form. The narratives acted as pedagogical devices, in the sense used by Larrosa<sup>34</sup>: "Any place in which the experience of self is constituted or transformed. Any place in which the relations that the subject establishes with self can be learnt or modified" (p. 56). In all, there was the presence of a coordinator (s) and / or supporter, recognized as someone outside the group, whether researcher or health professional, who acted as tutors of health education, with the stance of listening, questioning, curiosity<sup>28</sup>, and also using accessible language so that the discourse did not fall into the void<sup>26</sup>.



In order to facilitate the understanding of the types of groups found in the selected works, we elaborated the Chart 4.

**Chart 4.** Group Approaches to Selected Works

APPROACHES	DEFINITIONS AND MAIN CONCEPTS	TECHNIQUE AND INSTRUMENTS	USES
Operating Group	Proposed and defined by the Argentine School of Groups, having in Pichon-Rivière its formulation. It is a group of people with a common goal, who operate and structure as it relates. Focused on the objective teaching-learning or therapeutic task.	"ECRO, for the Pichon-Rivière's school, is the group's conceptual and operational framework: evolutionary moments of the group: pre-task, task = integration between feeling, thinking and acting; Project	Some concepts of the operational groups to be analyzed by the multiprofessional team (Family Health Strategy, for example): the explicit, implicit task, the projects and the objectives.
Focus Group	Anglo-Saxon origin, in the 1940s, as methodology for research in social sciences (marketing, program evaluation, communication, etc.). In the health area, from the 1980s. A research technique used to diagnose educational problems and evaluate programs in development, allowing the collection of qualitative data from group sessions in which six to fifteen people, who share a common trait (age, occupation, etc.) discuss various aspects of a specific theme.	There should be clarity about the problem and objectives of the research; topic well studied; a flexible roadmap of preliminary issues. It has moderator or facilitator, with the role to encourage participants to express their feelings and opinions on the question under study; it should keep the discussion focused, making summaries, and picking up the subject when someone gets sidetracked. And an observer, in charge of capturing the non-verbal information expressed by the participants and, in the end, help the moderator to analyze the possible biases caused by problems in their coordination of the session. Facilities: cozy place, periodicity, duration (1:30 on average) <sup>35</sup> .	Technique very used in the work of qualitative approaches in social research. It has been used internationally for structuring diagnostic actions and problem solving; for the planning of educational activities, as an object of promotion in health and environment; for the revision of the teaching-learning process.
Balint Group	Michael Balint, Hungarian physician and psychoanalyst, 1950s: theory on the doctor-patient relationship and a group methodology to empower practitioners.	Parameters and norms for group dynamics: participants sit in a circle, the coordinator asks the group who has a case. After summarizing, the coordinator opens the floor for questions to the rapporteur, who answers succinctly and then silences, only listening to the group's discussion, which reflects on the case and on the relationship of the professional rapporteur and his patient, trying to understand the mechanisms that have permeated this interpersonal relationship. At the end of the group discussion, the coordinator opens the space for the reporter to talk again, who evaluates the discussion and tells whether the group has helped or not. Duration from 90 to 120 minutes.	Use of the technique of the Balint group as devices for the prevention of Burnout Syndrome; Balint-Paideia Group <sup>18</sup> .
Reflective Group	"A group of people who recognize their commitment to a common research-formation project through the practice of autobiographical narratives. The reflective activity in the group turns to the search for meaning of existential experiences and the understanding of self through the mediation of the other" <sup>36</sup> . Passeggi <sup>36</sup> and Pineau <sup>37</sup> as main theoreticians.	As a continuous training device for the construction of knowledge and transformation of oneself: narration of the personal and professional journey, reporting experiences <sup>36</sup> .	Active learning methodology based on the "Reflection Group", based on social constructionism. In the group, the student / worker is encouraged to reflect on their theoretical, technical, tacit knowledge and on their professional practice in health <sup>28</sup> .

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**Chart 4.** Group Approaches to Selected Works

APPROACHES	DEFINITIONS AND MAIN CONCEPTS	TECHNIQUE AND INSTRUMENTS	USES
Dynamic Group	From 1930-40, with Lewin and collaborators, from studies to understand the structure, internal and external influences, power, leadership and communication of the group, in short, the dynamics of the group field. For Bion <sup>38</sup> , the group is a place of its own psychic reality, permeated by the primitive anxieties and basic assumptions (of dependence, struggle or flight, of mating) of group dynamics.	As an educational method of training human capacities, leading them to new behaviors through exposure, discussion and group decision making. With Bion <sup>38</sup> , Group T (work), which corresponds to the evolved group, is task-centered and opposes moments in the group dominated by the basic assumptions. Moreno (1889-1974) through role-playing techniques - psychodrama and sociodrama - and sociometry (analytical tool for the study of interactions between groups).	The team work as a possibility of "recomposition" of health work in another direction, that of interdisciplinarity. Sociodrama: One of the goals is to develop role performance and training.
Offices; Conversation Circles.	It aims to provoke the Paideia effect: a social and subjective process in which people expand their capacities to seek information, to interpret them, to understand themselves, others and the context, increasing the possibility of acting on these relations.	Circle Method: a space for permanent exchange of ideas, knowledge, and affections, with the mediation of specialized support, theoretical offerings and the construction of a protected environment, which allows capacity building and analysis and intervention. Ascensis Spirals Method: Closed group, with the incorporation of the theoretical contributions of Balint and authors who developed the conceptual basis of group psychology.	In experiences of ESF implementation, in the workshops for the implementation of the National Humanization Policy (PNH), in order to transform work and health management.

Source: Authors' elaboration

Thus, we observed that eleven works<sup>18,20-23,26,27,29,31-33</sup> mainly used the focus group, with triggering issues, which differed in their objectives - sometimes in the construction of therapeutic projects for users, or in the discussion of topics such as relationships with users, death, evaluation of educational experiences or services – producing oral and / or written narratives. In other works<sup>18,29</sup>, the approach was based on an operative group, focused on the task, understood as the organizer of the processes of thought, communication and action, with the objective of intervention. The groups were composed of 6 to 14 participants, weekly or biweekly, lasting from one to one and a half hours, in a total of seven to twelve meetings.

There was also the approach from the Balint Groups<sup>18,30</sup>. In one of these, this approach was associated with the Paideia Methodology – Group Balint-Paideia (GBP), joining Balint to the Pichón-Rivière referential for the construction of projects<sup>18</sup>. During the meetings, the participants reflected on the narrated cases, seeking to re-signify their interpersonal relationships in order to promote transformations in themselves.

Other modalities used were: "reflection groups"<sup>28</sup>, with the production of personal narratives and oral professionals, and the presence of "facilitators of the conversational process" - a family doctor and a psychologist - who asked medical students for reflections on their practices in health units; and narratives produced from conversation circles<sup>18</sup> or using the method of cartography<sup>20</sup> by multiprofessional teams.

Specifically with regard to the type of approach of the narratives, we observed that some papers pointed to the production of narratives that were only oral or oral and written. Some focused on the life stories of users associated with the feelings aroused in professionals and teams. There were others based on case histories, seeking to promote reflections on interprofessional relations, as well as reflections of professionals on their practices.



From the thematic point of view and even this is not the object of this article, we wish to point out the presence of EPS itself and the teaching-learning process as focus of discussion and reflection, as well as the theme about the suffering of health professionals, particularly respect to dealing with death.

## Final considerations

The survey of a small number of published works about the experiences and/or research, point to the novelty of the use of the narratives associated to the work with groups, employed as pedagogical devices of the EPS. Ten of the 17 selected papers were published in 2014, demonstrating that they are recent experiences in the field of Collective Health, as well as signaling the potential of the methodology, but also the need for its maturation both for EPS and for action research and interventions in services.

All articles pointed to what can be considered as “narrative effects”<sup>39</sup>, among which we highlight the promotion of the process of reflection on health practices, contributing to the launching of interested looks about themselves, about relationships with other professionals at work and about the users of the system. Writing, narrating and listening to narratives provoke reflection and (re) construction on the sense and meanings of health and disease, changing perceptions and projections of professionals about their practices and, often, acting therapeutically; promote the establishment of a connection leading to more meaningful exchanges, in addition to providing more participatory planning, as cooperation and sharing of interests and affections is fostered. In short, it can be said that they deal with care and its dimensions and directionalities.

We understand that this review has limitations, such as not being exhaustive or trying to exhaust the knowledge about the experiences of EPS with the use of narratives that are being carried out in the SUS. We are aware that there is a large gap between the publications and the number of existing experiences, and we believe that this research can contribute as incentive to share and promote greater dissemination, expanding the reflection on the potentiality of these approaches in the production of subjectivities and the training of undergraduates and health professionals.

### Author's contributions

The first author carried out the bibliographic review and participated in all the stages of production, elaboration, discussion of results, writing and final revision of the article. The second author participated in the position of supervisor of the postdoctoral stage, in the orientation of the bibliographic search, in the systematization and discussion of the results and in the final revision of the article.

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## References

1. Luz MT. Novos saberes e práticas em saúde coletiva: estudo sobre racionalidades médicas e atividades corporais. São Paulo: Hucitec; 2003.
2. Cecílio LCO. Apontamentos teórico-conceituais sobre processos avaliativos considerando as múltiplas dimensões da gestão do cuidado em saúde. *Interface (Botucatu)*. 2011; 15(37):589-99.
3. Brasil. Ministério da Saúde. Portaria nº 198/GM/MS, de 13 de Fevereiro de 2004. Institui a Política Nacional de Educação Permanente em Saúde como estratégia do Sistema Único de Saúde para a formação e o desenvolvimento de trabalhadores para o setor e dá outras providências. Brasília: Ministério da Saúde; 2004.
4. Merhy EE. Saúde: a cartografia do trabalho vivo. 3a ed. São Paulo: Hucitec; 2002.
5. Feuerwerker LCM. Micropolítica e saúde: produção do cuidado, gestão e formação. Porto Alegre: Rede Unida; 2014.
6. Castellanos MEP. A narrativa nas pesquisas qualitativas em saúde. *Cienc Saude Colet*. 2014; 19(4):1065-76.
7. Enriquez E. A organização em análise. Rio de Janeiro: Vozes; 1997.
8. Kaës R. Um singular plural: a psicanálise à prova do grupo. São Paulo: Loyola; 2011.
9. Dejours C. Da psicopatologia à psicodinâmica do trabalho. In: Lancman S, Sznelwar LI, organizadores. *Christophe Dejours: da psicopatologia à psicodinâmica do trabalho*. Rio de Janeiro: Fiocruz; 2004. p.47-104.
10. Sá MC. A fraternidade em questão: um olhar psicossociológico sobre o cuidado e a “humanização” das práticas de saúde. *Interface (Botucatu)*. 2009; 13 Supl 1:651-64.
11. Lima VV. Espiral construtivista: uma metodologia ativa de ensino aprendizagem. *Interface (Botucatu)*. 2017; 21(61):421-34.
12. L'Abbate S. Análise institucional e intervenção: breve referência à gênese social e histórica de uma articulação e sua implicação na Saúde Coletiva. *Mnemosine*. 2012; 8(1):194-219.
13. Ceccim RB, Ferla AA. Educação permanente em saúde [Internet]. Rio de Janeiro: Fiocruz; 2009 [citado 8 Jan 2018]. Disponível em: <http://www.sites.epsjv.fiocruz.br/dicionario/verbetes/edupersau.html>



14. Ceccim RB. Educação permanente em saúde: desafio ambicioso e necessário. *Interface (Botucatu)*. 2005; 9(16):161-77.
15. Campos GWS, organizador. *Saúde Paideia*. São Paulo: Hucitec; 2003.
16. Ceccim RB, Feuerwerker L. O quadrilátero da formação para a área da saúde: ensino, gestão, atenção e controle social. *Physis*. 2004; 14(1):41-65.
17. Ceccim RB, Kreutz JA. Prospecção de modelos technoassistenciais na atenção básica: protocolo de pesquisa colaborativa multissituada na Educação em Saúde Coletiva. In: Ceccim RB, Kreutz JA, Campos JDP, Culau FS, Wottrich LAF, Kessler LL, organizadores. *In-formes da atenção básica: aprendizados de intensidade por círculos em rede*. Porto Alegre: Rede UNIDA; 2016. v. 1, p. 16-30. (Atenção Básica e Educação na Saúde).
18. Figueiredo MD. *A construção de práticas ampliadas e compartilhadas em saúde: Apoio Paideia e formação [tese]*. Campinas (SP): Faculdade de Ciências Médicas, Unicamp; 2012.
19. Saldanha OML, Pereira ALB, Ceccim RB, Medeiros CRG, Dhein G, Koetz LCE, et al. Clínica-escola: apoio institucional inovador às práticas de gestão e atenção na saúde como parte da integração ensino-serviço. *Interface (Botucatu)*. 2014; 18 Supl 1:1053-62.
20. Fajardo A, Uchôa-Figueiredo LR, Aveiro MC. O mergulho no campo entre os nós da Rede UNIFESP-BS: composições e interlocuções entre residentes e graduandos. *Tempus (Brasília)*. 2016; 10(4):53-68.
21. Slomp Jr H, Feuerwerker LCM, Land MGP. Educação em saúde ou projeto terapêutico compartilhado? O cuidado extravasa a dimensão pedagógica. *Cienc Saude Colet*. 2015; 20(2):537-46.
22. Slomp Jr H, Feuerwerker LCM, Merhy EE. Histórias de vida, homeopatia e educação permanente: construindo o cuidado compartilhado. *Cienc Saude Colet*. 2015; 20(6):1795-803.
23. Capra MLP. *Educação permanente em saúde como dispositivo de gestão setorial e de produção de trabalho vivo em saúde [tese]*. Porto Alegre (RS): Faculdade de Educação de Porto Alegre; 2011.
24. Franco TB, Figueira S, Antunes VH, Assumpção ELA, Lima CLC, Costa MS, et al. A Atenção Básica do Fora: construção do consultório na rua. In: Ceccim RB, Kreutz JA, Campos JDP, Culau FS, Wottrich LAF, Kessler LL, organizadores. *In-formes da atenção básica: aprendizados de intensidade por círculos em rede*. Porto Alegre: Rede UNIDA; 2016. v. 1, p. 133-156. (Atenção Básica e Educação na Saúde).
25. Marcolino TQ, Reali AMMR. Crônica do grupo: ferramenta para análise colaborativa e melhoria da reflexão na pesquisa-ação. *Interface (Botucatu)*. 2016; 20(56):65-72.
26. Silva e Silva DL. *A equipe enquanto lugar de formação: a educação permanente em um Centro de Atenção Psicossocial álcool e outras drogas [dissertação]*. Campinas (SP): Faculdade de Ciências Médicas, Unicamp; 2015.
27. Ribeiro F. *Aprendizagem social no interior da residência multiprofissional (RM) em Saúde da Família e comunidade de Fortaleza-CE sob a perspectiva da teoria de comunidades de prática [dissertação]*. Fortaleza (CE): Faculdade de Medicina, Universidade Federal do Ceará; 2013.
28. Guanaes C, Mattos ATR. O grupo de reflexão na formação do profissional de saúde: um enfoque construcionista social. *Geraiis (Univ Fed Juiz Fora)*. 2008; 1(1):79-85.





29. Silva EA. Dores dos cuida-dores em saúde mental: estudo exploratório das relações de (des) cuidado dos profissionais de saúde mental em Centros de Atenção Psicossocial [dissertação]. Brasília: Instituto de Psicologia, Universidade de Brasília; 2007.
30. Branco RFGYR. Capacitação de professores de Classe Hospitalar em relação professor-aluno/paciente na perspectiva balintiana [tese]. Goiânia (GO): Faculdade de Educação, Universidade Federal de Goiás; 2008.
31. Agrello MP. Formação continuada do professor da área de saúde do ensino superior: conhecimento, competências e atitudes. O estudo do caso de uma faculdade do interior do Ceará [tese]. Vila Real (CE): Faculdade de Ciências da Educação, Universidade de Trás-Os-Montes e Alto Douro; 2016.
32. Vasconcelos MOD. O ensino do lidar com a morte no contexto da atenção primária à saúde no curso de graduação em medicina [dissertação]. Natal (RN): Pós-Graduação em Saúde da Família, Universidade Federal do Rio Grande do Norte; 2014.
33. Ferreira RC, Tsuji H, Tonhom SFR. ABP no Internato: há continuidade do processo de aprendizagem ativo? *Rev Bras Educ Med.* 2015; 39(2):276-85.
34. Larrosa JB. *Pedagogia profana: danças, piruetas e mascaradas.* Belo Horizonte: Autêntica; 2003.
35. Gatti B. *Grupo focal na pesquisa em ciências sociais e humanas.* Brasília: Liber Livro; 2005.
36. Passeggi MC. Memoriais autobiográficos: a arte profissional de tecer uma figura pública de si. In: Passeggi MC, Barbosa TMN, organizadores. *Narrativas de formação e saberes biográficos.* Natal: EDUFRN; 2008. p. 27-42.
37. Pineau G. As histórias de vida como artes formadoras da existência. In: Souza EC, Abrahão MHMB, organizadores. *Tempos, narrativas e ficções: a invenção de si.* Porto Alegre: EDIPUCRS, EDUNEB; 2008. p.46-67.
38. Bión W. *Experiências com grupos.* Rio de Janeiro: Imago; 1975.
39. Onocko-Campos RT, Furtado JP. Narrativas: utilização na pesquisa qualitativa em saúde. *Rev Saude Publica.* 2008; 42(6):1090-6.



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