

The perspective of graduates and other stakeholders on a training on pharmaceutical services in primary health care

A perspectiva de egressos e de outros atores envolvidos sobre uma formação em serviços farmacêuticos na Atenção Primária à Saúde (resumo: p. 17)

La perspectiva de egresados y de otros actores envueltos sobre una formación en servicios farmacéuticos en la atención primaria de la salud (resumen: p. 17)

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The objective was to analyze the contributions of the course on Primary Health Care Services offered in the municipality of Rio de Janeiro, especially regarding strengths and weaknesses for professional practices and work management, considering the perspective of graduates and other stakeholders. Data were obtained between 12/11/2020 and 01/29/2021 from focus group meetings and electronic questionnaires containing self-reported structured and semi-structured questions, answered by 109 (33,2%) graduates. Strengths were identified, such as 'expanded knowledge' and 'improved professional performance and/or conduct', as well as weaknesses, such as the workload. Although with a low hourly workload and under the challenge of making continuing education activity compatible with the workload, it can be concluded that the course managed to promote the development of competencies in its aspects of being, knowing and doing.

Keywords: Pharmaceutical services. Primary Health Care. Staff development. Education, continuing; Brazilian National Health System.



Introduction

Care-centered health services have challenged educators, managers and workers in demands related to the need for professional training and qualification, aiming to facilitate multiprofessional teamwork in Primary Health Care (PHC), involving several categories, such as pharmacists.

The National Policy for Continuing Education in Health (PNEPS) has among its guidelines the professional development, in order to guarantee the offer of comprehensive care to the population and the strengthening of the Brazilian National Health System (SUS), covering from technical training to post-graduate studies, enabling the teaching-service integration to adapt the educational processes to the world of work¹.

Pharmaceutical Care (PC), especially pharmaceutical services (SEFAR) – focused on providing services in the pharmaceutical field to ensure comprehensive, integrated and continuous care of the health needs and problems of the population – plays a relevant role in the solvability of health actions^{2,3}.

In 2009, PHC was expanded in the municipality of Rio de Janeiro (MRJ) by increasing the coverage of the Family Health Strategy (FHS)⁴. One of the challenges was the training of a large number of professionals in a short period of time, with minimal damage to the supply of services.

In the case of SEFAR, this PHC model required the expansion of the human resources (HR), as well as professionals prepared for the proposed activities⁵. The refresher course on Pharmaceutical Services in Primary Health Care (SFAPS) was offered to qualify pharmacists to work in the Municipal Health Secretariat of Rio de Janeiro (SMS-RJ).

Knowing the perspective of these graduates on their training, seeking to understand how the knowledge produced was used in practice, can allow effective contributions both to the service and to the process of professional training and continuing education, by identifying and filling knowledge gaps based on the reality of work, by adopting knowledge translation mechanisms.

It is believed that studies evaluating professional education from the perspective of graduates and other stakeholders are strategies for obtaining information on the quality and adequacy of student education in relation to the needs of health work, particularly in PHC.

This article aims to analyze the contributions of the SFAPS course, especially regarding its strengths and weaknesses for the professional practices and work management of its graduates and other key actors.

Methodology

A descriptive study with a qualitative approach was developed. Self-reported electronic questionnaires were applied by the course graduates, as well as a focus group meeting (FG) with other key actors.

The PHC expansion project in MRJ involved the hiring of Social Organizations, which, among other aspects, managed the hiring of professionals under the Consolidation of Labor Laws regime, which allowed rapid expansion of HR, with challenges to the qualification of professionals.

Between 2011 and 2019, the SFAPS Course, in face-to-face format, had 13 classes and trained 328 students, with a workload between 72-88 hours; the target audience being PHC pharmacists from SMS-RJ. It was held in partnership between the Sérgio Arouca National School of Public Health (ENSP, as per its Portuguese acronym) and SMS-RJ. The curricular structure⁶ of the last offer of this course is shown in Chart 1. Prior to the offer of the first class, there was an improvement course (184 hours) aimed at the training of teachers/facilitators and the production of standardized didactic material⁷.

Frame1. Curriculum structure of the course on Pharmaceutical Services in Primary Health Care 2019

| Modules | Competencies | Topics | Time (hours) |
|--|--|--|--------------|
| 1. National Policy for Primary Care (PNAB) | <ul style="list-style-type: none">• Knowledge of the core aspects of PNAB | <ul style="list-style-type: none">• General knowledge of the organization of SUS and the pact for health• PHC, territorialization and the operational proposal in the municipality• Health-disease process and its determinants• Health promotion and prevention | 12 |
| 2. Planning and management | <ul style="list-style-type: none">• Knowledge of their role in teamwork and knowing how to stimulate teamwork• Motivation to be a leader and skills to make decisions, be communicative, have empathy and ethics• Ability to plan | <ul style="list-style-type: none">• Management tools• Leadership• Teamwork• Consensus-building techniques• Planning matrix: SWOT, ZOPP method | 12 |
| 3. Medicine management | <ul style="list-style-type: none">• Critical reflection of the organization of pharmaceutical services• Understanding of the public procurement cycle and stock management | <ul style="list-style-type: none">• Logistical components of pharmaceutical services | 16 |
| 4. Clinical management of the patient | <ul style="list-style-type: none">• General knowledge of the health-disease process, social determinants of health• Identification of the role of medicines in the health-disease process• Ability to intervene in drug-related problems, and/or supporting the therapeutic decision | <ul style="list-style-type: none">• Clinical and epidemiological aspects of the main diseases addressed in PHC• Applied pharmacotherapy• Dispensing• Ethics• Pharmaceutical guidance and care• Patient safety• Pharmacovigilance• Studies on medicine use• Risks related to medicine use | 24 |
| 5. Information system | <ul style="list-style-type: none">• Understanding and use of information systems (IS) for health and PC | <ul style="list-style-type: none">• Information management• General aspects of IS of PC: Siclom, Sigma, Dispensamed, e-SUS electronic medical record• Recording of information | 4 |
| 6. Final work | <ul style="list-style-type: none">• Applying theoretical knowledge to reality | <ul style="list-style-type: none">• Term paper | 12 |
| Total | | | 80 |

Source: 2019 course manual (handout).

The questionnaire applied to graduates was composed of blocks: (1) general aspects of the course, (2) contributions, (3) strengths and (4) weaknesses/challenges. The profile and professional performance of the graduate were explored in the initial block, as well as a final block for comments and suggestions, not explored in this article.

The questionnaire was made available on the Google platform between 12/11/2020 and 01/29/2021. The invitation was sent to the e-mail addresses of graduates and also through the WhatsApp application in networks made up of potential respondents.

Most of the questions were presented in the form of statements for the participant to indicate his/her degree of agreement through a numerical scale organized with values from 0 to 5, in addition to the option “I do not know how to give an opinion”, where the number 5 indicated a higher degree of agreement. The block on the strengths and weaknesses/challenges of the course involved open-ended questions, which had to be completed.

The FG was conducted remotely with three former teachers (participation in more than one offer) and three former course coordinators, coded as FG1, FG2, FG3, FG4, FG5 and FG6. The dynamics of the FG were guided by triggering questions: (a) course structure/organization and contribution to the general education of students; (b) contribution of the course to the professional practice of PHC pharmacists; (c) strengths and weaknesses of the course in relation to the needs of students and PHC.

The FG meeting was recorded and later transcribed. This material, as well as the answers to the open questions of the questionnaire, was examined according to the criteria of thematic content analysis^{8,9}, using the steps (a) pre-analysis, (b) content exploration and (c) treatment of results, inference and interpretation.

Data from the questionnaire were stored and processed in an Excel® spreadsheet, analyzed by simple frequencies and percentages. The results of the application of the Likert scale were aggregated into zero degree of agreement; from 1 to 3; and 4 and 5. The analysis was divided into four equal parts of 25%, where the agreement located in the fourth quartile (75% and more) was particularly valued.

Strengths, weaknesses and the contribution of the course to professional practice were categorized based on the content of the answers to the open questions of the questionnaire and the speeches of the key actors of FG. The perspectives were analyzed in a comparative way, allowing their integration.

The study was approved by the Research Ethics Committee of ENSP (opinion nº 4.277.912).

Results

Participation was obtained from 109 graduates (33.2% of the total). Most (74.3%) were female and 86.2% had post-graduate studies (specialization, master and doctorate degrees). More than half were still working in PHC of SMS-RJ (56.0%), with CLT (Consolidated Labor Laws) links (56.9%) and with exclusive activities in PHC (49.5%) (table 1).

**Table 1.** Characterization of the SFAPS Course respondents (N=109).

| Characteristics | N | % |
|--|-----|-------|
| Gender | | |
| Female | 81 | 74.3 |
| Male | 28 | 25.7 |
| Works in PHC | | |
| No | 48 | 44.0 |
| Yes | 61 | 56.0 |
| Current education | | |
| Doctorate | 1 | 0.9 |
| Specialization | 76 | 69.7 |
| Graduation | 15 | 13.8 |
| Master | 17 | 15.6 |
| Current employment link | | |
| CLT (Consolidated Labor Laws) | 62 | 56.9 |
| Single Legal Regime (Public Servant) | 20 | 18.3 |
| Others | 10 | 9.2 |
| Unemployed | 8 | 7.3 |
| CLT (Consolidated Labor Laws) and Single Legal Regime (Public Servant) | 6 | 5.5 |
| Military | 2 | 1.8 |
| No longer works as a pharmacist | 1 | 0.9 |
| Current professional activity | | |
| Exclusive primary care | 54 | 49.5 |
| Exclusive hospital pharmacy | 16 | 14.7 |
| Management/Administration in Pharmaceutical Care | 7 | 6.4 |
| Not working | 6 | 5.5 |
| Primary Care and hospital pharmacy | 5 | 4.6 |
| I changed my career/pharmaceutical job | 5 | 4.6 |
| Primary Care and management/administration in Pharmaceutical Care | 4 | 3.7 |
| Commercial pharmacy | 2 | 1.8 |
| Research institution | 2 | 1.8 |
| Others | 8 | 7.3 |
| Overall total | 109 | 100.0 |

Source: Own elaboration.

Concerning the ‘general aspects of the course’, the degrees of agreement 4 and 5 in the last quartile were the most prominent, with emphasis on ‘clarity of theoretical content’, ‘topics covered allowed reflections for professional practice’, ‘exercises and case studies contributed to learning’, ‘new knowledge that improved understanding of PHC’, ‘welcoming relationship with tutors’ and ‘personal growth’. In contrast, the contributions ‘putting into practice an intervention project presented as the final work of the course’ and ‘expanding job opportunities’ showed a higher proportion of results in the second quartile, with respect to degrees of agreement 1 to 3 (table 2).

Table 2. General aspects of the SFAPS course according to the perspective of graduates (N=109)

| Overall perception of the SFAPS Course | Degrees of agreement (%) | | | |
|--|--------------------------|--------|--------|---------------|
| | 0 | 1 to 3 | 4 to 5 | Does not know |
| Welcoming relationship with tutors | 0.0 | 12.0 | 88.0 | 0.0 |
| Clarity of theoretical content | 0.0 | 9.2 | 90.8 | 0.0 |
| Topics covered allowed reflections for professional practice | 0.0 | 10.1 | 89.0 | 0.9 |
| Adequate workload | 0.9 | 21.1 | 78.0 | 0.0 |
| Exercises and case studies contributed to learning | 0.0 | 11.0 | 88.1 | 0.9 |
| New knowledge that improved understanding of PHC | 0.0 | 11.0 | 88.1 | 0.9 |
| Improved performance of professional practice in SEFAR | 0.0 | 16.5 | 83.5 | 0.0 |
| Personal growth | 0.0 | 15.6 | 84.4 | 0.0 |
| Creates or expands professional network | 0.0 | 18.4 | 81.6 | 0.0 |
| Expands job opportunities | 8.3 | 40.4 | 47.6 | 3.7 |
| Increased integration with multiprofessional team in PHC | 0.0 | 27.4 | 71.7 | 0.9 |
| Putting into practice the topics discussed during the SEFAR course | 1.8 | 37.7 | 60.5 | 0.0 |
| Putting into practice intervention project of the final work of the course | 10.1 | 44.9 | 38.6 | 6.4 |
| Contributes to the elaboration of a work agenda for organization and time optimization | 1.8 | 38.5 | 59.7 | 0.0 |

Source: Own elaboration.

In FG, there was mention of the expectation and commitment assumed by the course with the ability to offer training aligned with the new paradigm of PC, that of working in PHC according to its logical and conceptual structure.

[...] the participation of SEFAR in the network was expected to increase with the expansion of FHS. (FG1)

[...] The idea was to relieve people in health facilities as much as possible from very managerial activities and train them for activities more directly linked to patients [...]. (FG1)

Another point involved the methodology of the course, which was based on the use of pedagogical strategies of problem-based teaching, through the discussion of cases, the execution of practical exercises in groups and the production of discussions with emphasis on themes derived from the experience of students.



[...] the course is all based on dynamics [...] the student goes thinking that he will be sitting there, receptacle of knowledge, but, when the time comes, things are not quite like that, [...] the cases are mounted, very close to reality [...] people see themselves in that reality [...]. (FG4)

Regarding the contributions to technical and care activities (table 3), it was observed that the degrees of agreement 4 and 5 were mostly in the third quartile range (between 50-75% of respondents) and only two statements reached the fourth quartile: 'performing qualified dispensing of medicines [...] involving user welcoming [...]' and 'performing therapeutic guidance [...]'. The lowest proportion of degrees of agreement 4 and 5 was found for the statement on 'conducting home visits', with 52.3%.

Table 3. Perspective of graduates on the contribution of the SFAPS Course to technical-care and technical-managerial activities and work in PHC and SUS (N=109)

| Contribution of the SFAPS Course | Degrees of agreement (%) | | | |
|---|--------------------------|--------|--------|---------------|
| | 0 | 1 to 3 | 4 to 5 | Does not know |
| TECHNICAL AND CARE ACTIVITIES | | | | |
| Interventions for individual patients | | | | |
| Pharmaceutical interventions in care management | 0.9 | 24.8 | 74.3 | 0.0 |
| Qualified dispensing of medicines at the time of delivery of medicines, involving user welcoming and general guidance | 0.9 | 16.5 | 82.6 | 0.0 |
| Therapeutic guidance, including information on the correct use of medicines, follow-up of ADRs or health/disease conditions, among others | 1.8 | 23.0 | 75.2 | 0.0 |
| Home visit | 4.6 | 39.5 | 52.3 | 3.6 |
| Guidance to users on how to obtain medicines through SUS, even outside the PHC list | 1.8 | 26.5 | 71.7 | 0.0 |
| Actions of a technical nature related to medicines | | | | |
| Development of technical-educational material (scientific dissemination, information on medicines to patients or professionals, information on pharmacovigilance) | 0.9 | 36.7 | 62.4 | 0.0 |
| Pharmacotherapeutical follow-up | 1.8 | 37.6 | 59.7 | 0.9 |
| Medication Reconciliation | 3.7 | 36.6 | 58.8 | 0.9 |
| Pharmacotherapy review | 2.8 | 38.5 | 57.8 | 0.9 |
| Pharmacovigilance actions | 3.7 | 41.3 | 55.0 | 0.0 |
| Actions carried out with patient groups or health team | | | | |
| Participation and/or conduction of health education activities with patients, in the territory or in the health unit | 1.8 | 28.5 | 68.8 | 0.9 |
| Participation and/or conduction of education activities with the health team | 3.7 | 28.4 | 67.9 | 0.0 |
| The course contributed to begin or increase participation in team meetings | 1.8 | 28.4 | 69.8 | 0.0 |
| TECHNICAL-MANAGERIAL ACTIVITIES | | | | |
| Agenda setting (work planning) | 2.8 | 33.1 | 64.1 | 0.0 |
| Elaboration of pharmacy POP | 1.8 | 35.8 | 62.4 | 0.0 |

Continued.



| Contribution of the SFAPS Course | Degrees of agreement (%) | | | |
|---|--------------------------|--------|--------|---------------|
| | 0 | 1 to 3 | 4 to 5 | Does not know |
| Encouraging and/or increasing the interlocution between health units and services of different levels of complexity | 2.8 | 43.1 | 53.2 | 0.9 |
| Adequacy of the list of medicines for the unit (selection) | 2.8 | 33.0 | 59.6 | 4.6 |
| Programming the quantity of medicines for consumption by the unit | 2.8 | 26.5 | 69.7 | 0.9 |
| Medicine stock management | 0.9 | 22.0 | 77.1 | 0.0 |
| Improving the storage of medicines | 2.8 | 23.0 | 73.3 | 0.9 |
| Improving the execution of the delivery of medicines | 2.8 | 26.7 | 69.6 | 0.9 |
| Developing mechanisms to control the offer and use of medicines for specific groups | 2.8 | 34.9 | 62.3 | 0.0 |
| Management of health services waste | 5.5 | 44.1 | 50.4 | 0.0 |
| WORK IN PHC AND SUS | | | | |
| Recognition of the social determinants of health in the health-disease process | 3.7 | 29.3 | 67.0 | 0.0 |
| Expansion of knowledge on SEFAR in MRJ | 0.0 | 15.6 | 83.5 | 0.9 |
| Development of SEFAR centered on people, families and communities | 0.9 | 17.5 | 81.6 | 0.0 |
| Strengthening empathy and/or bonding with the population and the work team | 1.8 | 15.6 | 82.6 | 0.0 |
| Identification of priority problems in SEFAR | 0.0 | 20.2 | 79.8 | 0.0 |
| Construction of action/intervention plans in health services and/or SEFAR | 0.9 | 20.2 | 78.9 | 0.0 |
| Expansion of the view of the role of the pharmacist in PHC, as an actor in direct patient care with the team | 0.9 | 11.0 | 88.1 | 0.0 |
| Development of communication and information strategies in PHC services | 0.9 | 26.6 | 72.5 | 0.0 |
| Development of teamwork | 1.8 | 21.1 | 77.1 | 0.0 |

Source: Own elaboration.

It is worth underlining that some key actors referred to the low insertion of pharmacists in the execution of clinical-care activities, since many actions would still focus on aspects of the logistical and managerial component of SEFAR, although the course contributed to a care performance.

[...] I can see the difference in how proposals began to emerge for the pharmacist to leave the pharmacy and make a smoking group, [...] we began to have a much larger number working, which, before the course, we did not have [...] and that after the course began to have. (FG4)

The expansion of the humanistic view for professional practice in the valorization of pharmaceutical care based on continuous and comprehensive, safe and responsible care to users of health services was present.

[...] the “population” want to learn how to do pharmaceutical care [...] we have to start looking at people as “people” [...] This is the proposal of the course. (FG2)

[...] we encourage this approach to the patient a lot, otherwise there is that distanced relationship [...]. (FG4)



Regarding technical-managerial activities (table 3), most of the statements (9 out of 10) did not reach percentages higher than 75% in the degrees of agreement 4 and 5, except for the contribution of the course to 'medicine stock management'. The two ranges of degrees of agreement 0 and 1 to 3, when added together, reach almost 50%, indicating that the course, from the perspective of graduates, did not bring comprehensive contributions to the 'management of health services waste'.

Regarding the contribution of the course to the work in PHC and to SUS, it was observed that the percentages of degrees of agreement 4 and 5 were in the last quartile for almost all statements, except for 'recognition of the social determinants of health' and 'development of communication and information strategies in PHC services' (table 3). Despite this, the graduates of the course explained the importance of this topic, considered structural for public health and PHC:

[...] the expansion of knowledge, seeing the determinants of my territory and better understanding the population to improve care and the bond with the patient. (Respondent of the questionnaire)

Both the answers of the graduates and the key actors highlighted the role of the pharmacist as a member of the health team in PHC for the qualified provision of SEFAR:

[...] the course did have quite an impact on professional practice [...] we started to see more people developing specific activities with users, getting more involved with the teams, and then contributing to the work process in PHC [...]. (FG2)

[...] the students of our course were able to discuss several issues, such as the territory, different PHC tools, and I remember that people [...] were surprised that pharmacists were able to have this discussion and be part of it [...]. (FG4)

Among the eight thematic categories related to the strengths of the SFAPS course identified in the open response field, the 'expansion of knowledge'; the 'pedagogical aspects of the course (teaching methodology, curriculum, evaluation)' and the 'improved professional performance and/or conduct' together accounted for more than 50% (frame 2).

**Frame 2.** Strengths and weaknesses of the Pharmaceutical Services in Primary Health Care Course (SFAPS) from the perspective of graduates

| Categories | % | Quote from the respondent graduates |
|--|------|--|
| Strengths of the SFAPS Course | | |
| Expanded knowledge and training | 18,1 | "The course came at a time when I was entering PC [...] without knowledge [...] of the pharmaceutical service [...]. It was a watershed." "For a basic knowledge of our work in PC [...] it's a fundamental course." |
| Pedagogical aspects (teaching methodology, curriculum, evaluation) | 16,7 | "Case studies making classes more dynamic and focused on reality. Discussions between different points of view of our professional colleagues [...] and course tutors were enriching elements." "The fact that they are people who have already worked on the edge makes everything that was said in the course closer to [...] practice." "Tutors who work in the area; very good teaching material; good communication from the coordination with the students." |
| Improved performance and/or professional conduct | 15,7 | "Training and knowledge of the entire flow of pharmaceutical care that are not presented... (during graduation)." "The course has provided me with a better and greater understanding of the role of the pharmacist in a health team in PHC." |
| Exchange of experiences and information | 14,4 | "(the course) brings together professionals in the area, and this improves the relationship between pharmacists." "(during the course) it was possible to have contact with colleagues from other units to exchange theoretical and practical experiences, which were polished and adapted by experienced teachers [...]" |
| Contribution to the work process | 14,4 | "The course [...] turned my attention to the care process, thereby dedicating part of the time that was exclusive to the bureaucracy to apply in health promotion and education actions." "The course addresses several practical aspects of the daily routine of the pharmacist in the PHC context and makes it clear that the role of the pharmacist is not limited to dispensing medicines within the pharmacy." |
| Professional networking training | 9,3 | "The course strengthens communication and interaction in the network and provides us with knowledge that we then take into practice." "Meeting several pharmacists and strengthening the network." |
| Qualified faculty | 7,4 | "[...] the teachers are outstanding [...]." "[...] the tutors were incredible. The fact that they are people who have already worked on the edge makes everything that was said in the course closer to reality in practice." |
| Teamwork | 4,2 | "For better interaction with the team, it expanded the view of our role within the team." "It facilitated the recognition of the pharmacist by the PHC team." |
| Weaknesses of the SFAPS Course | | |
| Workload | 33,6 | "[...] Perhaps a higher workload, supplemented with some material for distance learning." |
| There was nothing | 20,5 | "I have nothing negative to say to you [...]" |
| Deficient methodology (course pedagogy, didactic material, final work) | 9,8 | "They offered few practical activities." "The didactic material could be more objective." "The content was very comprehensive, but it got a bit lost in the theoretical part". |
| Little space for periodic updating or continuing education | 7,4 | "The course has not been offered more frequently to new pharmacists, nor has refresher courses been made available to pharmacists who have been with the FHS team for a longer time." "There are no more courses organized to learn, exchange, discuss and have feedback on what is happening within the context of the pharmaceutical service [...]." |
| Low valorization, dismantling of PHC and dismissals | 6,6 | "Low professional valorization [...] transcends any offered qualification course." "Soon after, half of PC 5.2 pharmacists were dismissed." |
| Infrastructure shortages and distance | 5,7 | "The course location could [be] outside the center [of the city], due to public transport and traffic [...]" "Lack of a defined and more adequate space." |
| Low practical applicability of the Term Paper | 4,9 | "I unfortunately couldn't put my term paper forward." |
| Does not remember/does not know | 3,3 | - |
| Faculty | 2,5 | "Lack of greater preparation on the part of knowledge brokers." |

Source: Own elaboration.



Some of the categories of strengths were reported in the speeches of the key actors, linked to ‘improved professional performance and/or conduct’, ‘pedagogical aspects’, and ‘qualified teaching staff’, respectively:

[...] thinking outside the box, how to think [...] professional practice in another way. The course [...] fulfills a very important function, which is to plant the seed in the person’s head [...] how it contributes to the user in that team. (FG3)

Several professionals were involved in the course on facilitators, but the tutors selected to follow with the classes in the following years were people who were very involved in the process [...]. (FG2)

Regarding the weaknesses of the course pointed out by the graduates (Chart 2), manifestations about ‘course hourly workload’ were higher than 50%. In addition, FG highlighted the existence of weaknesses that were related to those mentioned by the graduates, such as ‘workload’; ‘low valorization, dismantling of PHC and dismissals’ and ‘little space for periodic updating or continuing education’, respectively:

Regarding the weaknesses [...] I thought about the time, being 80 hours, but the course must be 80 hours, so I don’t know if the issue of time would be a weakness in fact [...]. (FG2)

Thinking more about the issue of modules, so I was trying to remember module by module, the management one still causes me a little anguish, because we realize that they [pharmacists] still think about the pharmacy box even in the final work of course. (FG5)

Discussion

This study revealed aspects of the contribution, strengths and weaknesses from the perspective of a portion of graduates and key actors of the SFAPS course. Both emphasized that updating professional practice is indispensable to account for the numerous (and constant) changes in the routine and in the daily work process, since the density and complexity of the health field involve compartmentalization of very specific knowledge for integrated action in multiprofessional teams.

The SFAPS course was conceived and operationalized as a strategy for training pharmacists in line with the classic attributes of PHC, including the recognition of social determinants in the health-disease process, the subjectivity of the individuals and the resolution centered on work in multiprofessional teams of PHC units⁷. Nevertheless, it also presented the PC field as a transversal area that runs through many moments of the health care process, involving a range of actions where medicine converges from a set of efforts and procedures in the integration of health professionals.

Most respondents were still working in SMS-RJ, revealing an interest in the continuity in public services, as well as the resilience of these professionals, given the problems in PHC between 2017 and 2020, such as delays in salary payments¹⁰. In addition, there is a high level of education, which, even with the expressive share of *lato sensu* post-graduates, the *stricto sensu* training of the master degree stands out and demonstrates the potential for the development of teaching and research actions in the services.

More general contributions derived from the SFAPS course allowed the identification of training effects on the professional trajectory of former students. The acquisition of knowledge and its impact on professional life, when based on the understanding of an educational program based on the reality of the students, reverts into important contributions to the development of the teaching-work-community articulation^{11,12}.

The good evaluation of graduates on the contribution to personal growth is consistent with data from an exploratory survey on graduates of Professional Master classes in PHC, which obtained an impact rate of over 75%¹¹. It is worth mentioning that the SFAPS course had a much-reduced workload compared to the *stricto sensu* training at the master degree.

Despite the adoption of active teaching-learning methodologies using case studies to bring theory closer to practice, the graduates attributed lower degrees of agreement on the contribution of the course in terms of putting into practice topics discussed in the classroom or intervention projects arising from exercises and final works. This result may be associated with the low governance of graduates regarding the organization/management of their work processes and in multidisciplinary teams.

The theory-practice relationship can be enhanced using problematizing methodologies, when the subject to be taught is integrated into everyday life, allowing the student to build mutual relationships between theory and practice¹².

It is a national challenge to carry out technical-care actions of PC to support users and health staff regarding the correct use of medicines. Two studies^{2,3} also present difficulties, such as the low performance of pharmacotherapeutic follow-up of patients and the low participation of pharmacists in meetings with the health team, although there is emphasis on educational activities for health promotion.

The graduates did not point out a great advantage of the course to support them in terms of conducting home visits (HV). The FHS proposes this activity as an instrument in the work process of teams, which may include the participation of the pharmacist. HV – aimed mainly at users with difficulty traveling – can be important for the health team to draw up therapeutic plans and action strategies, including medicine use, through pharmaceutical consultations with users in their homes¹³.

The course did not have a central focus on technical-managerial issues⁷, where the logistical functionalities of PC are prominent; however, these, together with management, are inexorably important, since they provide greater visibility and expectation for managers, health staff and, especially, users⁵. In addition, weaknesses in these activities can have harmful consequences on the offer and availability of medicines.

The management that orders interventions to minimize the environmental impacts of the various types of waste produced (including medicines) was not well evaluated by the graduates. This may be explained by its low implementation in health facilities, which seems to be associated with a lack of awareness and information¹⁴.

Regarding the contribution of the course to the work in PHC and SUS, some points such as communication and information with the health team can be highlighted as especially challenging, especially in terms of identifying situations for qualified health interventions. Communication is strategic for SEFAR, but there are obstacles to an effective exchange of information, such as conflicts generated by the lack of clarity of professionals from other categories regarding the performance and the objectives of SEFAR, especially in care-related actions¹⁵.

Furthermore, another aspect is teamwork. The pharmacist is not part of the minimum FHS team; however, SMS/RJ promoted its incorporation into the teams of the units, resulting in the offer of SEFAR. Nevertheless, it is important to remember that health actions seek to meet the multiple and varied demands of users, with the involvement of multiprofessional teams, characterized by the performance of autonomous members who have their technical expertise, but who interact to provide comprehensive care and correct functioning of services. Accordingly, for the integration of the pharmacist into the team to occur, it is necessary to have encouragement and support from managers and other actors, legitimized by the health team, which, when identifying advances in the structuring of the pharmacy and its HR, become an ally of SEFAR on the issue of promoting pharmaceutical care¹⁶.

In the context of the strengths, the methodology adopted by the course was highlighted, making it possible to build an educational-reflective process based on the significant experiences of participants in the health reality. The construction of potential spaces for renovation, discussion and reflection on health work provides the use of creativity, spontaneity, construction and deconstruction of new and old utopias in the practice of workers.

According to Paulo Freire¹⁷, “critical reflection on practice becomes a requirement of the theory/practice relationship, without which theory can become blah-blah-blah and practice an activism” (p. 24). Thus, the training process needs to foresee and enable moments of reflection on and based on practice, from the perspective of in-service learning.

Another strong point was related to the teaching staff (facilitators/tutors). Mendonça *et al.*¹⁸ also pointed out the importance of the strategy of prior training aimed at tutors and facilitators, which enhances the systematization of knowledge involved with the topic and the opening of possibilities for discussion and work practice, as occurred in the SFAPS course.

It is important to observe that the set of statements in the question sections was consistent with the competencies expected to be achieved by the course, centered on the contextualization of professional practice for SUS, with emphasis on the social determinants of health and safe use of medicines. Moreover, these questions seem to demonstrate that there have been important acquisitions in this sense^{6,7}.



The contribution of the course to professional performance and conduct is related to work processes and reflects aspects that reaffirm the effects of vocational training on the construction of competencies required by professional practice, something that can result in knowledge translation, through feedback from the organization and operationalization of training processes according to their applicability.

The workload was pointed out as the main weakness, since the clientele was made up of workers in service, and the limitations imposed to carry out longer courses are understandable, due to the difficulties of the prolonged departure of workers on the edge.

The scarcity of continuing education mechanisms is an issue that should not be seen as a weakness of the course itself, but with the reduced training spaces of SUS workers in general and pharmacists, specifically, whose training is marked by the technician model, without concerns with patient care activities¹⁹.

Another weakness, 'low professional valorization, dismantling of PHC and dismissals' reflects, especially, the municipal management from 2017 to 2020, marked by several problems in PHC, such as: dismissal of health professionals (including pharmacists), reductions in the number of FHS facilities and the opening hours of the units. This combination of events led to a sharp reduction in the population coverage of FHS, which went from 62% in 2017 to 55% in 2019, with repercussions on the provision of services, patient care and decreased health conditions of the population, especially the poorest, who mostly depend on SUS²⁰.

A limitation of this study is related to the amount of respondents (30%), which may not have exhausted and captured other relevant issues.

Final considerations

The contributions of the SFAPS course were especially present on the increased perspective of the graduated pharmacist regarding his/her health role in PHC, as an actor of care with the team, indicating the successful construction of professional, social, political and humanistic values.

The humanization of the work process that involves the performance of technical-care activities contributes to the expansion of spaces for health education activities in the territory and/or multiprofessional team, another reference of the logical and conceptual structure of PHC.

The regular offer of new training on specific topics in the logic of continuing education, support for intervention projects to strengthen pharmaceutical services and the creation of discussion groups between pharmacists working in nearby geographical areas can be considered as strategies to overcome the weaknesses identified in the work.



Authors' contribution

All authors actively participated in all stages of preparing the manuscript.

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Conflict of interest

The authors have no conflict of interest to declare.

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Objetivou-se analisar as contribuições do curso Serviços Farmacêuticos na Atenção Primária em Saúde, oferecido no município do Rio de Janeiro, especialmente quanto às suas fortalezas e fragilidades para as práticas profissionais e na gestão do trabalho, considerando a perspectiva dos egressos e de outros atores de interesse. Os dados foram obtidos no período de 11 de dezembro de 2020 a 29 de janeiro de 2021, com reunião de grupo focal e por questionário eletrônico contendo perguntas estruturadas e semiestruturadas, autorrespondido por 109 (33,2%) egressos. Foram identificadas fortalezas, como a “ampliação do conhecimento” e “melhoria da atuação e/ou conduta profissional”, bem como fragilidades, como a carga horária. Ainda que com baixa carga horária e sob o desafio da compatibilização da atividade de educação continuada com a carga laboral, pode-se concluir que o curso conseguiu promover o desenvolvimento de competências em seus aspectos de ser, saber e fazer.

Palavras-chave: Assistência farmacêutica. Atenção Primária à Saúde. Desenvolvimento de pessoal. Educação permanente. Sistema Único de Saúde.

El objetivo fue analizar las contribuciones del curso Servicios Farmacéuticos en la Atención Primaria de la Salud, ofrecido en el municipio de Río de Janeiro, especialmente con relación a sus puntos fuertes y débiles para las prácticas profesionales y en la gestión del trabajo, considerando la perspectiva de los egresados y otros actores de interés. Los datos se obtuvieron en el período del 11/12/2020 al 29/01/2021, con reunión de grupo focal y por cuestionario electrónico, que contenía preguntas estructuradas y semiestruturadas, auto-respondido por 109 (33,2%) egresados. Se identificaron puntos fuertes como la ‘ampliación del conocimiento’ y la ‘mejora de la actuación y/o conducta profesional’ así como fragilidades, como la carga horaria. Aunque con baja carga horaria y enfrentando el desafío de la compatibilización de la actividad de la educación continuada con la carga laboral, fue posible concluir que el curso consiguió promover el desarrollo de competencias en sus aspectos de ser, saber y hacer.

Palabras clave: Asistencia farmacéutica. Atención Primaria de la Salud. Desarrollo de personal. Educación permanente. Sistema Brasileño de Salud.