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# EDUCATIONAL ACTION FOR HEALTH PROFESSIONALS OF A FAMILY HEALTH STRATEGY ON THE NATIONAL POLICY OF INTEGRAL HEALTH LGBT

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# ARTICLE INFOABSTRACTArticle History:<br/>Received 06th February, 2019<br/>Received in revised form<br/>17th March 2010The knowledge about national policy geared to the population of LGBT (lesbians, gays, bisexuals,<br/>transvestites and transsexuals) is of fundamental importance in attendance within the family health Strategy<br/>(FHS), offering to the client trust and bond, resulting in better interpersonal relationship. It is known that basic<br/>care is recognized as a gateway for access to health services, therefore, it is necessary that the nurse take

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Public Health Policy, Primary Health Care, Humanization of Assistance, Health of Specific Groups, Sexual and Gender Minorities, Health Promotion. The knowledge about hardball policy geared to the population of LGDT (testians, gays, bestuars, transvestites and transsexuals) is of fundamental importance in attendance within the family health Strategy (FHS), offering to the client trust and bond, resulting in better interpersonal relationship. It is known that basic care is recognized as a gateway for access to health services, therefore, it is necessary that the nurse take systematically and humanized the LGBT community, seeking to meet their needs and vulnerabilities specific. The present work it is an account of experience on National LGBT health policy professionals for a FHS. By conducting an educational activity, applying active methodologies that will contribute to knowledge and improvement of staff to users. The action was held in four moments times to better mediate the knowledge of participants on the topic. We believe that this article can get subsidies for reflection about the importance of individuals about how to work with equity, universality and integrality LGBT, reflecting on the guarantee of a quality service.

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# **INTRODUCTION**

The interpersonal relationship in the work environment is complex, as it relates the self-knowledge, empathy, selfesteem, cordiality, ethics and especially the communication. Considering this interaction between different people in a kind of competitive, it is necessary to know and understand human behavior within organizations and understand the importance

\**Corresponding author:* Yuri Henrique Andrade De Oliveira, Academic of Nursing, University Metropolitan Center of the Amazon UNIFAMAZ. Belém, PA, Brazil of socialization within the work, since the major challenge for the human being is to reconcile the tenderness, cordiality and care for your occupation (Fonseca *et al.*, 2016). The Public policies, technologies, actions and programs geared towards the LGBT community in Brazil are based on recognition of the Executive at all levels (Federal, State and Municipal), the lack and need for public politics combating prejudice, discrimination and exclusion that affects that portion of the population (Laurentino, 2015). In 2009 was approved by the National Board of health, the National Policy of integral health LGBT, which aims to expand and ensure access to the services of LGBT health system, by respecting their human host

principles basics (Popadiuk, Oliveira and Signorelli, 2017). It is known that basic care is recognized as a door of access to health services, therefore, it is necessary that the nurse take so humanized to LGBT, seeking to meet your requirements and specific vulnerabilities. Bioethics aims to recognize full citizenship to all human beings especially the most vulnerable, in this way, it can provide a space for reflection in search of living and opportunity between LGBT users and health professionals (Popadiuk, Oliveira and Signorelli, 2017). The practice of the permanent education is critical in the area of health, as it brings an essential methodology to make the pros are always updated job changes, making the worker in the exercise of your labor activity pass to be critical, reflective. The world of work, increasingly, replaces the purely physical tasks for intellectual production tasks. This is required of professionals a competence that "presents itself as a kind of individual cocktail", which articulates the technical and professional qualification to ability to work in team (Lima and Ribeiro, 2016). On primary health care, which has the FHS as priority model of reorganization that level of attention, educational actions have key role and permeate all the work of the nurses, outreach as nursing consultations, home visits to families and group activities carried out on the territory and health unit attached. In managerial work, the educational role of nurses in the Organization of the work of the team in basic health units, as well as on permanent education activities for teams of nurses and community health agents (Leonello, Vieira and Duarte, 2018).

#### Objective

In this context, the objective of the research will be reporting the experience through an educational action for health professionals of a family health strategy on LGBT policy.

# **MATERIALS AND METHODS**

The action was developed by academics of the seventh semester of nursing school, of a private college in Belém, Pará, Brazil, held in the family health strategy, situated in the neighborhood of the pedreira, Belém-Pa. The type of experience report using the active methodology. For best operation, action was required the coordination of course the emission of letter for delivery in basic health unit in order to obtain the necessary permission to perform the action among the professionals. The target audience was targeted at health professionals of acting of the FHS held in the period 20/04/2018. The importance of health education is to promote processes of change in the institutional dynamics and is based on the concepts of fundamental education and meaningful learning actions directed towards capacity-building, whether they collective or individual for the promotion and prevention health habits and thus achieve the encouragement of professionals for the reflection that leads to modifications of reality that aims at improving the quality of life of users (Lizziane et al., 2018). The educational actions divided into four moments, being at first the realization of presentation of academics to professionals, followed by a video to address better the subject, opened a conversation in which will be discussed the issue, letting it flow the previous knowledge of professionals, from of empiricism. The rounds of conversation are a possibility for dynamic communication methodology and productive among participants of educational action. This technique presents itself as a substantial instrument to be used as a methodological practice of rapprochement between the

subject in daily life (Souza, Meire and Cadete, 2017). On the second moment, the scientific information was passed on didactic manner through an article on the subject and a lecture as a means to clarify and support the professionals on the theme proposed. In the third moment, there was the realization of a dynamics with puzzle game where the professionals had to assemble the article according to the order in which everyone could interact, moment of crucial importance to understand if the video display and lecture came to be efficient for the transmission of knowledge, followed by a new wheel of conversation in order to remove doubts, about the issue. The use of active methodology in the continuous training of health workers is one of the suggested guidelines for the policy of permanent education of employees in health system. The stimulation of active methodology, development of learning by encouraging the participants, generating interest on the new discoveries and so will allow application of these new information in the context of work, in addition to the mood as they are singled out as major subjects teaching-learning process, assuming the educator a role of facilitator of the process (Macedo et al., 2018).

### **RESULTS AND DISCUSSIONS**

The experience in action, within the family health Strategy, was of great academic and scientific contribution. In the first moment of the presentation of academic activity at FHS, where the 14 participants welcomed us with warmth and attention. Then, there was the presentation of a video talking about gender identity and sexuality with duration of 4 minutes and 32 seconds. The video was very interactive, thus, it was observed that the participants still had certain doubts about gender, sexual orientation and biological. Forth was opened a conversation so that the participants could ask questions and take your questions. In the second part of the educational action, preceded the Group reading of an article in order to better clarify the national policy of LGBT health and the importance of knowledge of professionals on the topic, taking into account the establishment of a better service and relationship with the public. Then it was held a conference aiming to address questions regarding the theme, the participants were attentive. It was a moment of clarification of the matter for the participants, where the same felt comfortable and started to report some experiences in your area, such as the story of a client who was born with the female biological, but always man felt, the situation was shock in the neighborhood when it appeared "pregnant".

The transsexual person should be assisted in primary health care, as well as accompanied in the main health programs. For the male transsexual who has the possibility of becoming pregnant, have the right to prenatal care in the basic attention, as well as being respected social name and accepted fully, in order to provide security and confidence in the service. Transsexuals who perform hormone therapy should also be monitored in the basic attention to orientation and prevention of risk factors related to hormone therapy, should still offer a psychologist to monitor the whole process of change. Therefore professionals should receive continuous updates on the programs that the Ministry of Health offers, since LGBT policy principle is integral attention to this population, and must be implemented effectively, in the interests of promoting LGBT health (Rocon et al., 2016). The third moment was gymkhana based upon article read, the dynamics used was a puzzle game, where the article was divided into most

important parts of the article in which participants had assemble according to the order. The competition lasted around 40 minutes, there was a good interaction, giving the understanding that the methodology was well passed, because they reported that when nurses have any continuing education activity, the focus is larger in sickness, aiming at form of prevention and treatment, taking into consideration the model biomedical. Under the FHS is the responsibility of the nurse to carry out continuing education with the other professionals, so it is your duty to enable these professionals to adequate assistance the LGBT population, with the aim of approaching them from the services of health. It should also promote educational activities to LGBT who attend the FHS, on prevention of communicable diseases, transexualizador process, lesbian health, prevention of cancer of the cervix and breast (Querino et al., 2017).

The fourth time was performed a new wheel of conversation in which each participant had the opportunity to express an opinion, in a Word, about the understanding of the action and how he contributed to the understanding of the topic. Were cited words "love, respect, understanding, equality, Union", among others. Questions were asked that dealt on the professionals ' knowledge before the action, and if they were prepared to receive the LGBT audience. 12 participants reported to be prepared to meet, one of the 2 participants who considered themselves not ready, rose: (participant number 1)-"independent of religion, sexuality, everyone should be able to meet the individual integral and humanized "form. (Participant number 2) reported that still feel difficulties in attendance where the same question "How am I going to meet, how should I call, is that he or she", another reported that he has doubts about, identity, orientation, and biological. Participants felt free for educational action made at FHS and understood the importance of the theme presented approach, identifying ways of how to contribute to a fair, full and so humane and systematized to LGBT population by these professionals. To join a group in the community, each individual has the possibility to express your thoughts, give your opinion, your point of view or your silence. For some authors, group work is a form of liberation, which alone, alienated get very clear the possibilities we have as health professionals promote awareness of individuals on your reality you can turn to encourage healthy choice (Souza et al., 2005).

#### Conclusion

In this present study, we discuss the importance of the knowledge of the reality of LGBT population that, through policies directed to this population, are gaining more space, albeit small, but who needs greater attention in the follow-up of the queries, since the service still can't, in your most, integrative and humanized form occurs. We comply with the goal that we had proposed, to take health professionals about the importance of LGBT community health policy, giving focus to the service provided to them, so that, through the prepared query and Humanized, may have better both need assistance. The action was great contribution, because while we were doing an update with the national health policy professionals to public LGBT, we were also learning from stories experienced by them in the FHS, the exchange of knowledge and the interpersonal relationships is indispensable in an educational action since it is a determining factor if we were sticking with their goals.

The work was organized in stages of our encounter with the FHS that enabled us to perform this action so that we could meet the deepening of theme and made better perception of the competencies and skills of these professionals to population, realizing the Organization, communication and information that they need in order to establish a link between professionaluser. It was found, with the educational action, many obstacles are still found in the establishment of the link between professional and user, making the service difficult and of great possibility of waiver of this population the health service. There's a lot to think about in as professional, to be facilitating this process, is seeking knowledge to update themselves on new policies, seeking instruments that can guide the communication on better service, or even get means that facilitate interpersonal relationship as the "light technologies" humanized care. In this way, the service will allow higher quality and assistance provided to this population that both requires and ensure health promotion thus, eliminating the prejudgments, maintaining neutrality and respect for the decisions of the user through dialogue and empathy.

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