

## Artigo Original

# Ser Gestor SUS — Support for qualification of municipal management of the Unified Health System: distance interprofessional education

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## Abstract

**OBJECTIVE:** highlight the proposal for distance interprofessional education in the Ser Gestor SUS course and the contribution of the contents made available in teleclasses in permanent health education spaces in all regions of Brazil during the period of the covid-19 pandemic. **METHOD:** directing the analyzes based on the knowledge of the course's instructional project proposal, considering the theoretical review, a quantitative and qualitative analysis of students' access to educational resources (teleclasses) contextualized to the moment of health crisis. **CONCLUSION:** the Ser Gestor SUS course was an unprecedented initiative in interprofessional education in the field of public health in the country, inclusive and of great proportions thanks to the adoption of the Distance Education modality and the commitment of public health professionals, accounting for 13,875 participants (69.38% of the expectation of 20,000 registrations). The content made available

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addressed significant topics, aiming at critical, citizen and collaborative management training necessary for decision-making to overcome the various challenges in the health area.

**Keywords:** Distance Education. Interprofessional education. Permanent Education. Training of municipal health managers.

## 1. Introduction

The guidelines and foundations of national education, established in Decree No. 9,057, dated May 25, 2017, which regulates Article 80 of Law No. 9,394, dated December 20, 1996, consider Distance Education (EaD) as:

an educational modality in which the didactic-pedagogical mediation in the teaching and learning processes occurs through the use of information and communication technologies and means, with qualified personnel, with access policies, with compatible monitoring and evaluation, among others, and develops educational activities by students and education professionals who are in different places and times (BRASIL, 2017a, online, our translation).

As Fratucci *et al.* (2016) emphasize, distance education (EaD), in addition to being a teaching modality that is not limited by the spatial and temporal conditions of the classroom, also makes it possible to cater to an unlimited number of students who are seeking education, training, or professional updating. From this perspective, focusing on the country's vast territorial extension and the needs for updating health professionals, the EaD modality presents characteristics and qualities necessary for Ordinance No. 3,194, dated November 28, 2017, which provides for the Program for the Strengthening of Permanent Education Practices in Health in the Unified Health System (PRO EPS-SUS). According to Brasil (2017b, online, our translation), the guidelines for the implementation of PRO EPS-SUS throughout the national territory are:

I - Recognition and cooperation of Permanent Health Education actions carried out in the states, Federal District, and Municipalities;

II - Incorporation of strategies that can enable Permanent Health Education actions in the reality of health services, such as information and communication technologies and formative modalities that use the assumptions of Education and Interprofessional Practices in Health.

In accordance with these guidelines, as proposed by Peduzzi *et al.* (2009, p. 132, our translation), it can be understood that "coordinated efforts at various levels of EPS policy, including the local level of UBS, will allow for advances in the transformation of educational practices of workers." To amplify the reach of actions in the context of distance education (EaD), it is considered that the virtual learner does not refer only to the individual, as clarified in Mattar and Maia (2007, p. 84, our translation): "It is common in management theory to address knowledge management in companies, whether it is the knowledge of the company's employees or the knowledge of the organization itself." In these circumstances, the authors assert that the challenge for the virtual learner is to develop different approaches to their learning, emphasizing the essential ability to research and evaluate sources of information, transforming them into knowledge.

Interactivity related to learning and practiced in EaD, as analyzed by Mattar (2012, p. 28, our translation), presents "more reactive levels, observed in students with little control over the content and structure of the course, and, conversely, more proactive levels when the student has greater control over the content and structure of the course." Addressing more specifically the student/content relationship in EaD, Mattar (2012, p. 41, our translation), after analyzing various approaches, explains that the "student interacts with the information and ideas present in the study material in various ways, such as navigating and exploring, selecting, controlling, constructing, and responding".

In this context, interprofessional education (IPE), according to Brasil (2018), has been adopted by the Ministry of Health (MS) as a priority approach with strategic potential for strengthening the SUS. Collaborations with the Ministry of Education and Culture (MEC), educational institutions, the Brazilian Network of Interprofessional Education and Work in Health (ReBETIS), and the Pan American Health Organization (PAHO)/World Health Organization (WHO) were promoted to develop an action plan for implementing IPE in the country, as described in Brasil (2018). This plan includes five lines of action, with the fourth line specifically addressing IPE in the spaces of permanent health education.

The importance of Interprofessional Education (IPE) in healthcare is succinctly described in the concise definition provided by Cavinatto *et al.* (2022, p. 1, our translation), stating that it is "a training model aimed at preparing healthcare students and professionals to develop skills for collaborative teamwork." Furthermore, regarding the value of developing interprofessional competencies and skills among healthcare professionals and workers, Ceccim (2018, p. 1741, our translation) highlights the following passage:

Interdisciplinary knowledge encompasses knowledge from various sciences, popular knowledge, and tacit knowledge. Interprofessional competencies involve skills systematized within professions, organized actions in professional aptitudes. The more one works in a team, the more one can share each other's knowledge, expanding the arsenal of competencies and the capacity to respond.

The promotion of efficient management by municipal administrators has been a significant challenge. In the healthcare sector, in particular, there is a great concern about the governability of SUS (Unified Health System) administrators due to the fragmentation of the system and the strengthening of private and corporate interests (CAMPOS *et al.*, 2016; PACHECO *et al.*, 2016; TONELOTTO *et al.*, 2019; SHIMIZU *et al.*,

2016; GOTTEMS *et al.*, 2021). Therefore, it is necessary for public administrators to incorporate innovative practices capable of generating positive impacts on administrative outcomes (SHIMIZU; VERONEZI, 2020) and achieving coordination and cooperation among stakeholders for the implementation of planned actions (PRADO *et al.*, 2020).

In the current context, we identify the presence of CONASEMS (National Council of Municipal Health Secretaries), an institution formed with the purpose of bringing together municipal health secretaries or equivalent bodies and their respective representatives. As stipulated in its statute, in articles 1 and 3, CONASEMS is a civil association, a non-profit legal entity, with proposals to work towards the development of public health, universality, and equal access of the population to health actions and services, as well as the promotion of joint actions that strengthen the political, administrative, and financial decentralization of the Unified Health System (SUS). In addition, article 6, item VII, specifically addresses the promotion of personnel training and support for permanent and continuous education actions in the context of SUS.

To achieve its goals and address various municipal demands in the healthcare sector, CONASEMS developed a project to support the practical qualification of municipal management of the Unified Health System in partnership with the Ministry of Health. The materialization of this project came with the proposal for an advanced course in municipal SUS management (Ser Gestor SUS), made available in a modern e-learning environment for the training of up to twenty thousand SUS professionals, with no cost to the participants. This includes municipal managers and their teams nationwide, over a period of ten months, from July 2021 to May 2022.

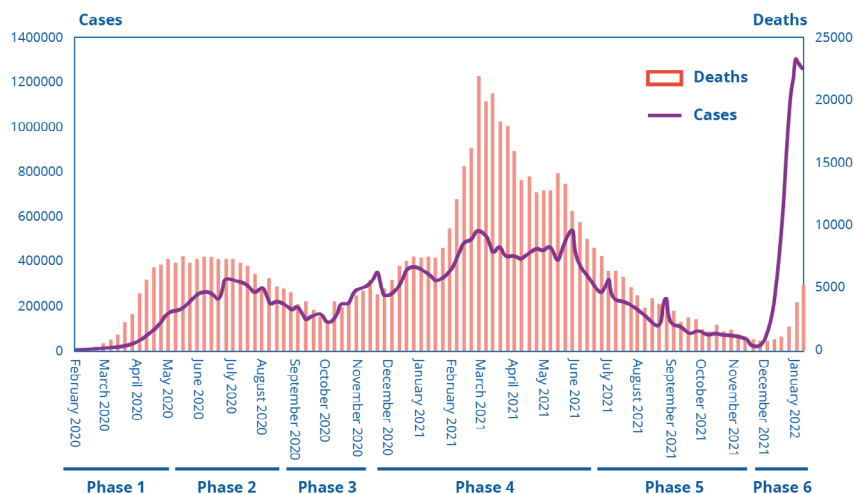
With this objective, CONASEMS aimed to offer solutions and has been structuring the educational portal "Mais Conasems" since 2020, which includes a Virtual Learning Environment (VLE), along with an audiovisual production center, a pedagogical nucleus, a TV channel, and social media profiles. In this structure, training and educational

activities are centralized, with the mission of providing ongoing education for managers, technicians, and workers in the public health-care system of the country, across all 26 states, their municipalities, and the Federal District. The educational resources developed are hosted on the "Mais Conasems" educational portal, accessible through the link <https://mais.conasems.app/>.

For the selection, analysis, and validation of the content and activities offered in the "Ser Gestor SUS" course, a curatorial team was formed consisting of CONASEMS, the Ministry of Health, and the Faculdade de Ciências Médicas e da Saúde (Supreme Medical College). This team was responsible for all academic administrative services, including participant certification, and the execution of educational actions, with didactic-pedagogical oversight by CONASEMS's pedagogical team.

It's important to recall that the project to support the practical qualification of municipal management of the Unified Health System, proposed by CONASEMS in partnership with the Ministry of Health, was consolidated during the same period as the severe health crisis caused by COVID-19, which affected the world and Brazil, especially in 2020 and 2021. Cruz *et al.* (2020) reported that among professionals directly exposed to the risks of contamination, especially those working in hospitals and health centers, there were reports of exhaustion, reduced empathy, anxiety, irritability, insomnia, and a decline in cognitive functions and performance.

Fiocruz (2021) presents results from a nationwide research project supported by various public institutions to measure the impact of the pandemic on healthcare professionals. It details the serious and harmful consequences for the mental health of those providing care to infected patients. Subsequently, Fiocruz (2022), among other analyses, summarizes the cases and deaths due to the COVID-19 pandemic in Brazil from February 2020 to January 2022, in six phases illustrated in Figure 1 and explained thereafter.

**Figure 1 — Number of COVID-19 cases and deaths in Brazil**

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Source: Adapted from Fiocruz (2022).

In this graph, the 4th phase, from December 2020 to June 2021, stands out, which precedes the start of the "Ser Gestor SUS" course. According to Fiocruz (2022), this phase marks the beginning of the second wave of transmission by the gamma variant, which peaked in April 2021, with high numbers of cases and deaths from March to June, reaching peaks of up to three thousand deaths per day. This period marked the collapse of the healthcare system due to localized health crises, a shortage of equipment and ICU supplies, and exhaustion of the healthcare workforce.

The 5th phase, from July to November 2021, coincided with the ongoing "Ser Gestor SUS" course and saw a reduction in the number of severe cases and deaths, leading to relief for the healthcare system. By November, with 60% of the population vaccinated, the daily average of deaths reduced to around 250. However, the 6th phase, from December 2021 to January 2022, was marked by a new wave of transmission, coinciding with the holiday season and relaxation of restriction measures, coupled with an outbreak of influenza A virus in several municipalities, as reported by Fiocruz (2022).

In these circumstances, learning to overcome adversities, when they occur during distance learning, requires preparation by students, as Silva and Behar (2022, p. 26, our translation) point out, "the construction of digital competencies as strategies to address student academic engagement is a fundamental key element."

Following this introduction, context, and justifications for this work, the objective of this article is presented: to highlight the proposal of distance interprofessional education in the "Ser Gestor SUS" course and the contribution of the content provided in tele-classes in spaces of permanent health education throughout Brazil during the COVID-19 pandemic. This article then proceeds with the theoretical review, followed by the methodology, results, analysis, and final considerations.

## 2. Theoretical Review

The offering of Distance Education (EaD) in Brazil, since the 2019/2020 period, according to the Censo EaD BR (2021), has been rapidly developing and diversifying in the country. It is an educational category widely accessible from social, financial, personal, family, and geographical perspectives, offering numerous quality courses. Medeiros, Pinto, and Salvador (2021) emphasize that EaD courses allow people from different regions to participate in discussions during the collective construction of knowledge. Silva *et al.* (2015), on the other hand, highlight the importance of sharing experiences in this modality, while Almeida, Silva, and Bonamigo (2018) emphasize the opportunities for ongoing training in more flexible conditions.

In Brazil, "although there have been concrete regulatory advances related to the SUS planning process, the complexity of the system requires continuous improvement in management..." (CONASS, 2023, p. 13, our translation). According to Carvalho (2009, p. 4, our translation), "health management reflects the incorporation of functions related to political leadership (decision-making and strategic planning), organization, coordination, monitoring, and evaluation of policies,



programs, services, and activities." Continuous improvement in management enhances the governability of SUS administrators (BARBOSA; TARDIVO; BARBOSA, 2016; KRUGER; BASTOS, 2020).

The complex needs of the population, changes in the epidemiological profile, social inequalities, and population aging point to the reorganization of training policies and professional practices (VIANA; HOSTINS; BEUNZA, 2021). According to Khalili *et al.* (2022a), the growth of interprofessional education at the institutional level remains a top priority, and Khalili *et al.* (2022b) provide evidence that the COVID-19 pandemic has accelerated changes in health education and practice, promoting interprofessional collaboration.

Among the educational methodologies adopted in Distance Education, Silveira, Scheffer, and Lorenzetti (2021) state that the application of Problem-Based Learning (PBL) has significant contributions to students' formative field, assisting them in the decision-making process. In the context of corporate education, Maia and Silva (2022) identify, among the main trends, work-based learning or on-the-job training. From another perspective, Wan, Compeau, and Haggerty (2012) mention that the use of self-regulated learning strategies by students can yield different learning outcomes in the virtual environment due to individual, contextual, and work-related factors.

According to Carvalho (2009, p. 10, our translation), "the manager... faces daily processes that require working with information that... enable the diagnosis, planning, and evaluation of health policies within their sphere of management." However, for the integration of professionals to occur, in addition to the skills developed and the role of leadership, Eilert, Ghisleni, and Sbruzzi (2022) state that knowledge and skills need to be shared.

The incorporation of IPE into the pedagogical political projects of health courses is a necessary recommendation for the sustainability of actions in health education with a commitment to strengthening collaborative teamwork (CAVINATTO *et al.*, 2022, p. 11, our translation).

According to Silveira *et al.* (2012, p. 1476, our translation), "collaborative learning favors the personal, social, academic, and professional development of students within the distance education process, where they learn to work as an active subject in a team." For Maia and Silva (2022, p. 15, our translation), "the corporate education area reinvents its strategies aligned with the organization's strategy in search of solutions."

Quality courses in the distance learning mode can incorporate various combinations of resources, processes, and people involved; however, the criteria defined and considered as reference for planning and delivery must prioritize the student's learning (SILVA; DIANA; SPANHOL, 2020, p. 15-16). To achieve this, meaningful learning, as stated by Mello, Alves, and Lemos (2014, p. 7, our translation), requires not only a "willingness to learn but also that the content presented is meaningful to the learner." However, it is essential that it "be contextualized and enable the achievement of desired objectives, regardless of the chosen media" (MERCADO; FREITAS, 2013, p. 5, our translation).

"The vision of systemic planning in distance education is an extremely important component when it comes to offering a quality course that enhances the development of learners' competencies" (SILVA; DIANA; SPANHOL, 2020, p. 9, our translation), concepts also shared by Brasil (2007).

### 3. Methodology

To achieve the objective of highlighting the potential contribution of the contents presented in the teleclasses of the SER GESTOR SUS course, within a distance IPE proposal, in spaces of permanent health education, this methodology consists, firstly, in presenting the basic elements that make up the instructional design of the course (item 3.1 below), including: course name, introduction, objective, target audience, educational resources (teleclasses), teaching/learning process, schedule, and didactic-pedagogical organization. Other elements of the instructional design of the course will not be considered in this article. To guide the

analysis, the following will be considered: the theoretical review, the quantitative-qualitative analysis of student access to educational resources (teleclasses), and the context of the COVID-19 health crisis.

## 3.1. Instructional Design

### 3.1.1. Course Name

Course on Municipal SUS Management Enhancement — SER GESTOR SUS.

### 3.1.2. Introduction

The course under study is part of the project to support the practical qualification of municipal management of the Unified Health System (SUS) throughout the national territory.

### 3.1.3. Objective

The course aimed to promote deep engagement among all participants, supported by in-depth knowledge of public health in Brazil, within a process of permanent education for human resources at the national level, and the training of up to 20 thousand SUS professionals at no cost to the participants.

### 3.1.4. Target Audience

Municipal health secretaries or equivalent positions and professionals who work directly or indirectly with SUS actions at the municipal level.

### 3.1.5. Educational Resources

The educational resources analyzed are the teleclasses. To achieve the desired training, the teleclasses prioritized content considered essential for

achieving excellent management, ensuring the development of technical strategies and skills, and enhancing the understanding of the principles, rules, and tools for acting within SUS. The teleclasses were formulated based on real contexts, adopting an active methodology and prioritizing Problem-Based Learning (PBL). They were made available weekly and transmitted asynchronously through the Learning Management System (LMS) integrated into the "Mais Conasems" educational portal.

### 3.1.6. Teaching/Learning Process

Each student was encouraged by the tutor to follow the teleclasses from the date/time when the resources were made available in the Learning Management System (LMS). The course was structured based on the concept of andragogy, targeting an adult audience with experiences and knowledge related to public health. The integration of the teaching-learning process linked to healthcare work and combined with Problem-Based Learning (PBL) in the distance learning mode allows students to explore new and alternative paths to access knowledge to improve their professional practice in the municipality where they work, benefiting the population they are connected to and care for.

### 3.1.7. Schedule

The course was scheduled to start in July 2021 and end in May 2022, with an extension until July 2022 for cases of recovery.

### 3.1.8. Didactic-Pedagogical Organization

Three modules were provided, including: Module I - Introduction to municipal SUS management, with 13 teleclasses; Module II - Management and care models, with 17 teleclasses; and Module III - Regionalization and governance in health, with 3 teleclasses. In the following Tables 1, 2, and 3, all 33 teleclasses distributed by module are listed, identified as sequential lessons followed by a description of the content provided.

**Table 1 - Teleclasses of Module I - Introduction to municipal SUS management**

Lesson 1	Inaugural Teleclass
Lesson 2	Distance Education (EaD) - Fundamentals, Practice, and Virtual Learning Environment
Lesson 3	Being a Municipal Manager in the SUS
Lesson 4	Strategic Management Map
Lesson 5	Analysis of the Current Municipal Health Plan
Lesson 6	SUS Planning at the Municipal Level
Lesson 7	SUS Planning at the Regional Level
Lesson 8	Budgetary and Financial Management of SUS at the Municipal Level
Lesson 9	Municipal Health Fund
Lesson 10	Work and Health Education Management
Lesson 11	Information Management in SUS
Lesson 12	Pharmaceutical Assistance Management in Municipalities
Lesson 13	Health Judicialization

**Source:** Elaborated by the authors.

**Table 2 - Teleclasses of Module II - Models of Management and Care**

Lesson 14	The Manager and Their Responsibility in Organizing Primary Care in the Municipality
Lesson 15	Care in Primary Care
Lesson 16	Primary Care at the Basic Health Unit (UBS)
Lesson 17	Integration of Primary Health Services into the Health Care Network

Lesson 18	Financing for Basic SUS Care
Lesson 19	Promoting Equity in Public Budget Construction
Lesson 20	Strengthening Health Promotion Actions in the Municipality
Lesson 21	Health Surveillance in the Municipality - Part I
Lesson 22	Health Surveillance in the Municipality - Part II
Lesson 23	Specialized Care
Lesson 24	Specialized Hospital and Outpatient Care
Lesson 25	Emergency Care
Lesson 26	Mental Health and Psychosocial Support - Part I
Lesson 27	Mental Health and Psychosocial Support - Part II
Lesson 28	Rehabilitation
Lesson 29	Pharmaceutical Assistance in the Health Care Network
Lesson 30	Health Service Contracting

**Source:** Elaborated by the authors.

### Table 3 - Teleclasses of Module III - Regionalization and Governance in Health

Lesson 31	Support and Logistics Systems in the Health Care Network, Including Regulation (SIS, Sanitary Transport, Laboratory, Regulation, and Consortia)
Lesson 32	Health Governance (SUS)
Lesson 33	Closing Teleclass

**Source:** Elaborated by the authors.

The selection of the content covered in the online classes aimed to contribute to the social, historical, and political practice in a coherent way, redefining professional practice from the perspective of the Unified Health System.

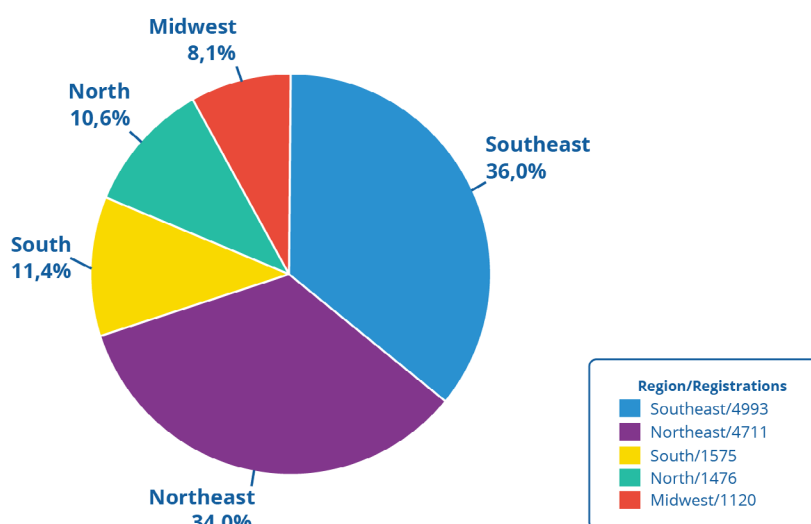
## 4. Results And Analysis

An investigation of the students' access data to the LMS, consolidated on August 1, 2022, was conducted, and the results and analyses are presented below.

### 4.1 Registered enrollments by region

A total of 13,875 enrollments were counted, as shown in the graph in Figure 2.

**Figure 2 — Contributions of enrollments by region of Brazil**



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Source: Elaborated by the authors.

It is observed that the region with the highest number of enrolled students and participants in the course belongs to the Southeast region, with 4,993 (36%) registrations, followed by 4,711 (34%) from the Northeast region; 1,575 from the South region (11.4%), 1,476 from the North region (10.6%), and finally, 1,120 from the Central-West region (8.1%). A comparison is presented between the percentage of enrollees by region in the country in relation to the data from the 2022 Demographic Census, IBGE (2022), showing a certain equivalence, as demonstrated in Table 4.

**Table 4 — Comparative data of population by region in Brazil according to IBGE (2022) in relation to the percentages of enrollees by region**

Region	Population in 2022 (% in relation to the country's population)	Students enrolled in the course by region (%)
Southeast	87.348.223 (42,04)	36,0
Northeast	55.389.382 (26,66)	34,0
South	30.685.598 (14,77)	11,4
North	17.834.762 (8,58)	10,6
Central-West	16.492.326 (7,94)	8,1

**Source:** Elaborated by the authors.

It is worth noting the number of enrolled students from the Northeast region, which is close to the number of enrolled students from the Southeast region, while the enrollment numbers from the Northern region are also relatively higher than expected. It can be inferred that the preparations for the 8th North/Northeast Congress of Municipal Health Secretariats, held in Aracaju/SE from November 3 to 5, 2022, may have positively influenced and motivated healthcare professionals from these regions to participate in the Ser Gestor SUS course, aiming to gain more informational baggage and updated knowledge related to public health. According to the event's announcement: "The North/Northeast Congress has established itself in recent years as one of the largest regional public health events in Brazil" (<https://congresso.co-semsse.org.br/o-congresso/>).

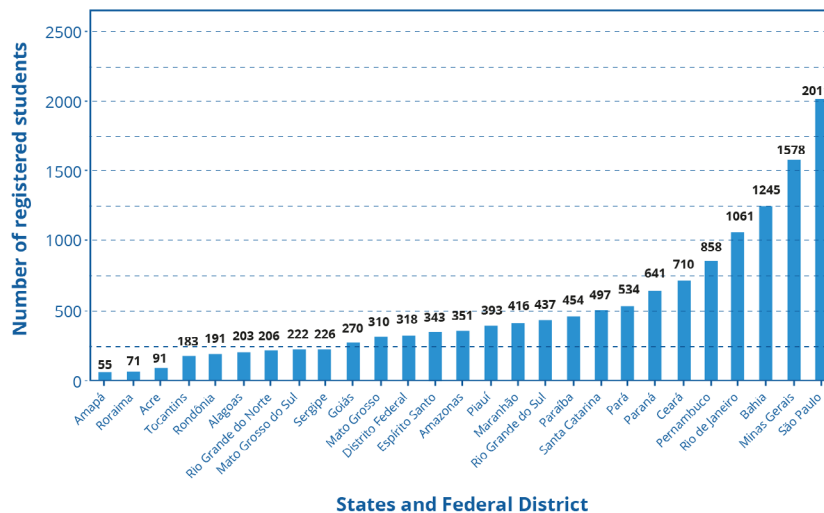
## 4.2. Enrollments by federative units

Of the 13,875 enrolled students, the three largest contingents came from the states of São Paulo (2,011 students or 14.5%), Minas Gerais



(1,578 or 11.4%) in the Southeast region, and Bahia (1,245 or 9%) in the Northeast region. On the other hand, the smallest participation was observed in the states of Amapá, Roraima, and Acre in the Northern region, as shown in Figure 3.

**Figure 3 — Enrollments in the Ser Gestor SUS course by federative unit**



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Source: Elaborated by the authors.

### 4.3. Profile of enrolled students

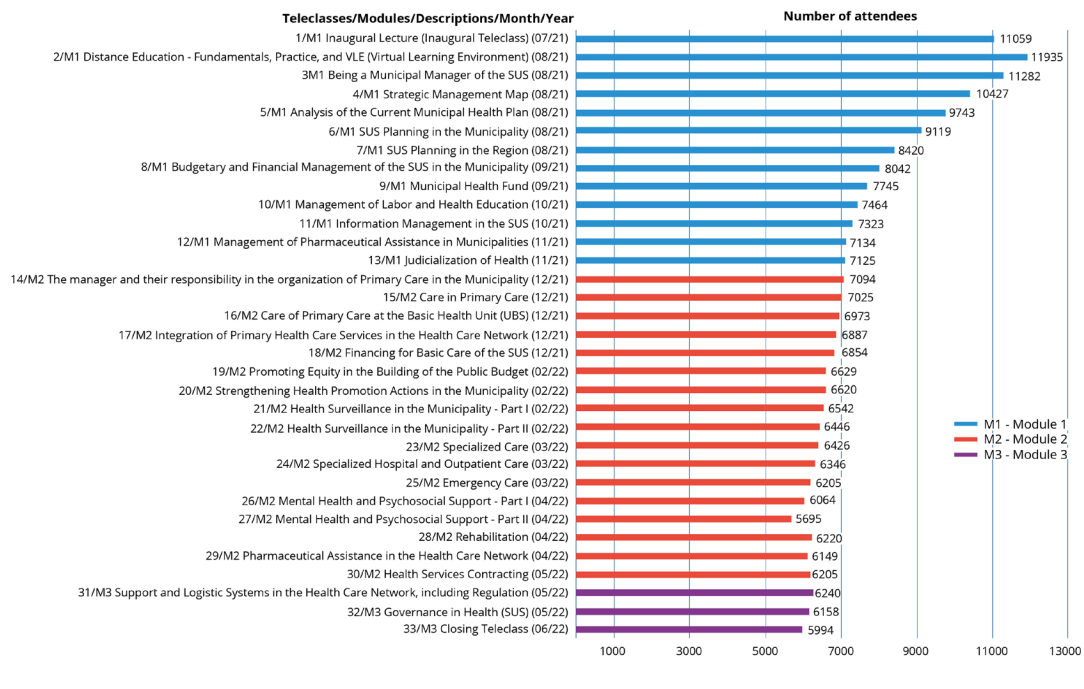
Students with different backgrounds and professional specialties were identified, holding positions as municipal health secretaries and other roles such as advisors and technicians directly or indirectly involved in SUS actions at the municipal level. This also includes officials responsible for control actions, members of the governance network of the Federal Court of Auditors (TCU), and members of State and Federal Public Ministries.

### 4.4. Attendance to telelectures

The views of the 33 telelectures are identified in the graph in Figure

4, which includes each identification in the sequence of their availability in the AVA, the month and year they were presented, followed by the number of attendees.

**Figure 4 — Number of students who viewed the telelectures of the**



### Ser Gestor SUS course (July 2021 to July 2022)

Source: Elaborated by the authors.

The telelectures in Module 1 (central theme: Introduction to municipal SUS management) in the second semester of 2021 had an average access rate of 64.8% of enrolled students. Access to the telelectures in Module 2 (central theme: Models of management and care), at the end of 2021 and in the first semester of 2022, averaged 46.8%, while the average access rate to the telelectures in Module 3 (central theme: Regionalization and governance in health) was 44.2%. There is a noticeable reduction in the number of accesses. When comparing these data with reports from Fiocruz (2022), which presents the delicate context of a health crisis, it is noteworthy that the inaugural telelecture (inaugural lecture) was accessed by 79.7% of enrolled students, representing a significant commitment to the Ser Gestor course proposal.

Following that, telelecture 2, titled "Lecture 2 - Distance Education, Fundamentals, Practice, and Virtual Learning Environment," was accessed by 11,935 students, corresponding to 86.02% of enrolled students. Whether to deepen or update knowledge in this area or to become familiar with concepts and tools of distance education that are less commonly adopted, it can be corroborated with what Khalili *et al.* (2022b) and Silva and Behar (2022) mention about evidence that the global pandemic acted as a catalyst for transformations, and the use of digital technologies in education and healthcare practice was expanded and solidified. It could also signify an accuracy in selecting the topic to start the course, promoting a leveling in the use of technology and distance education tools among students and represents an alignment with the guidelines of the "Program to support the computerization and qualification of data from Primary Care - Informatiza APS," established by Ordinance No. 2,983, of November 11, 2019. As Maia and Silva (2022, p. 15, our translation) emphasize: "Alignment with new approaches, which are necessary for the evolution of the business itself, helps shape the education process that will be the transformative agent of the organization as a whole." Next, telelecture 3, titled "Lecture 3 - Being a municipal manager of SUS," had the second-highest number of accesses, with 11,282 students, corresponding to 81.31% of enrolled students.

The pedagogical proposal of the course opted for the production of meaningful content and, for this purpose, carefully selected topics for the telelectures to deepen the understanding of planning, budgetary and financial management, management at various levels. The initial lectures were made available in months that coincided, as mentioned, with the collapse of the healthcare system, due to the occurrence of specific health crises, the lack of ICU equipment and supplies, and the exhaustion of healthcare workforce. The approach to topics of great significance provided an opportunity for the reflection of theory combined with practical experience because it is necessary to know in order to advocate, as mentioned by Kruger and Bastos (2020) and Barbosa, Tardivo, and Barbosa (2016).

In general, the average number of students who accessed the telelectures in Module 1 was 8,986, corresponding to 64.8%; for Module 2,

it was 6,493, corresponding to 46.8%; and Module 3 had an average of 6,131 accesses, corresponding to 44.2% of enrolled students.

## 5. Final Thoughts

All twenty-six states of the federation and the Federal District had effective participation by students. The result of 13,875 enrolled and participating students represented 69.38% of the goal to reach 20,000 students. Due to the fact that the Ser Gestor SUS course began and was made available at a unique time, during the COVID-19 pandemic, as discussed in Cruz *et al.* (2020), Fiocruz (2021), and Fiocruz (2022), this result is quite significant. A period of 10 months was planned for the course; however, in order to support students who started the course and faced various difficulties in their educational journey to completion, an extension of two months was granted, starting in July 2021 and ending in July 2022.

The profile of enrolled students included not only municipal managers but also other roles, allowing the participation of students who work at the municipal, state, and federal levels, demonstrating their interest in understanding the principles, rules, and tools for acting within the SUS framework and their interest in lifelong learning, as discussed in: Medeiros, Pinto, and Salvador (2021); Almeida, Silva, and Bonamigo (2018); Viana, Hostins, and Beunza (2021); Khalili *et al.* (2022a); Maia and Silva (2022).

The Ser Gestor SUS course was a unique initiative in interprofessional education in the field of public health in the country, inclusive and of large proportions, thanks to the adoption of the distance education modality and the commitment of public health professionals. The content provided in the telelectures addressed significant topics and allowed participants to develop critical and citizen skills necessary for the decision-making process. The content covered shows evidence of contribution to the interprofessional education and collaborative management process, as mentioned in Brasil (2018), Maia and Silva (2022), Khalili *et al.* (2022a), Khalili *et al.* (2022b), and the

development of digital competencies (SILVA; BEHAR, 2022), for overcoming various challenges.

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