

Situational Strategic Planning in Primary Care: Experience Report From the Internship in Collective Health

Planejamento Estratégico Situacional na Atenção Primária: Relato de Experiência no Internato em Saúde Coletiva
Planificación Estratégica Situacional en Atención Primaria: Relato de Experiencia del Internado en Salud Colectiva

RESUMO

Objetivo: Relatar a experiência de utilização do Planejamento Estratégico Situacional na elaboração de um projeto de intervenção orientado a uma Unidade Básica de Saúde, durante o internato de Saúde Coletiva de um curso de medicina. **Método:** Trata-se de um relato de experiência, que considerou a utilização dos quatro momentos da ferramenta na elaboração de um projeto de intervenção pautado pela integração ensino-serviço, com foco no desenvolvimento de competências de gestão, no período de novembro de 2025 a março de 2026.

Resultados: Através do diagnóstico situacional, foi possível estabelecer como problemas centrais no cotidiano da unidade de saúde, “a necessidade de reuniões de equipe” e de “fortalecimento da educação permanente”.

Conclusão: Evidenciou-se a sensibilidade e a aplicabilidade da ferramenta, sendo possível reafirmar a sua importância no contexto da saúde para enfrentar desafios sócio-organizacionais particulares ao contexto específico, mas generalizáveis a outros cenários na Atenção Primária em Saúde no Brasil.

DESCRIPTORIOS: Diagnóstico Situacional; Gestão em Saúde; Educação Médica; Atenção Primária à Saúde; Planejamento Estratégico.

ABSTRACT

Objective: To report the experience of using Situational Strategic Planning in the elaboration of an intervention project oriented toward a Primary Care Centre, during the Public Health internship of a medical school. **Method:** This is an experience report, which considered the use of the four moments of the tool in the elaboration of an intervention project guided by teaching-service integration, with a focus on the development of management competencies, from November 2025 to March 2026. **Results:** Through the situational diagnosis, it was possible to establish as central problems in the daily routine of the health unit, “the need for team meetings” and “the strengthening of continuing education”. **Conclusion:** The sensitivity and applicability of the tool were evidenced, making it possible to reaffirm its importance in healthcare contexts to face socio-organisational challenges particular to this specific context, but generalisable to other scenarios in Primary Health Care in Brazil.

DESCRIPTORS: Situational Diagnosis; Health Management; Medical Education; Primary Health Care; Strategic Planning.

RESUMEN

Objetivo: Relatar la experiencia de utilización del Planeamiento Estratégico Situacional en la elaboración de un proyecto de intervención orientado a una Unidad Básica de Salud, durante el internado de Salud Colectiva de un curso de Medicina. **Método:** Se trata de un relato de experiencia, que consideró la utilización de los cuatro momentos de la herramienta en la elaboración de un proyecto de intervención pautado por la integración enseñanza-servicio, con foco en competencias de gestión, de noviembre de 2025 a marzo de 2026. **Resultados:** A través del diagnóstico situacional, fue posible establecer como problemas centrales del cotidiano de la unidad de salud “la necesidad de reuniones de equipo” y el “fortalecimiento de la educación permanente”. **Conclusión:** Se evidenció la sensibilidad y aplicabilidad de la herramienta, reafirmando su importancia en salud para enfrentar desafíos socio-organizacionales particulares al contexto específico, pero generalizables a otros escenarios de Atención Primaria de Salud en Brasil.

DESCRIPTORIOS: Diagnóstico Situacional; Gestión en Salud; Educación Médica; Atención Primaria de Salud; Planificación Estratégica.

Experience Report

Pujatti JPR, Mendes IB, Ferreira LGS, Alves WA, Gusmão RB

Situational Strategic Planning in Primary Care: Experience Report From the Internship in Collective Health

RECEIVED: 06/13/2026 APPROVED: 07/17/2026

How to cite this article: Pujatti JPR, Mendes IB, Ferreira LGS, Alves WA, Gusmão RB. Situational Strategic Planning in Primary Care: Experience Report From the Internship in Collective Health. *Saúde Coletiva (Brazilian Edition)* [Internet]. 2026 [cited year month day];18 (111):20634-20643. Available from: DOI: 10.36489/saudecoletiva.2026v18i111p20634-20643



Júlia de Paula Roman Pujatti

Physician, graduate of the Federal University of Ouro Preto
ORCID: <https://orcid.org/0000-0002-7345-7074>



Igor Batista Mendes

Physician, graduated from the Federal University of Ouro Preto
ORCID: <https://orcid.org/0009-0001-5973-9542>



Leandro Guilherme Silva Ferreira

Primary Care Physician in the municipality of Mariana, Minas Gerais
ORCID: <https://orcid.org/0009-0000-6984-0954>



Waneska Alexandra Alves

Ph.D. in Public Health. School of Medicine: Federal University of Ouro Preto.
ORCID: <https://orcid.org/0000-0002-2893-8768>



Romulo Batista Gusmão

Master's Degree in Health Services Management. Vale do Rio Doce University (UNIVALE).
ORCID: <https://orcid.org/0000-0001-8088-9687>

INTRODUCTION

In contrast to improvisation, institutional planning reflects a collective commitment to work, grounded in a complex network of actors and resources. As an administrative tool, it stems from an effort inherent to the organization of society, becoming more robust as countries' development has demanded more effective means of translating public policies into healthcare practices⁽¹⁾. In health care, especially within the context of the Unified Health System (SUS) and resource scarcity⁽²⁾, ensuring well-being and providing care for the sick require precise planning tools.

Among the available approaches, Situational Strategic Planning (PES), proposed by Matus⁽³⁾ to identify and solve problems by balancing needs and resources, stands out; its aim is to bring planning closer to reality, emphasizing that planning and action are inseparable. The process is divided into four stages: explanatory, normative, strategic, and tactical-operational⁽³⁻⁴⁾.

This model guided the intervention project (PI) described in this report, which was developed during the Public

Health internship of a medical school program, with the aim of contributing to the development of competencies in health management, care, and education, as outlined in the National Curriculum Guidelines (DCN)⁽⁵⁾, particularly regarding a critical understanding of the SUS and the improvement of public health policies.

Given the complexity of the SUS, the central role of Primary Health Care (PHC) stands out. In the global context, the Alma-Ata Declaration, published in 1978 and periodically revised⁽⁶⁾, highlights PHC as the primary focus for building health in communities; in Brazil, the 2017 National Primary Care Policy (PNAB) highlights its decentralized organization and extensive reach, capable of integrating the SUS network⁽⁷⁾. The challenges of applying the PES in the PHC setting motivated this report, which is based on a critical analysis of its stages, results, limitations, and potential.

Thus, the objective of this study is to report on the experience of applying the PES in the design and implementation of an intervention plan (IP) at a Basic Health Unit (UBS) during a Public

Health internship.

METHOD

This study adopts a descriptive, qualitative approach in the form of an experience report. This approach aims to expand the literature on the topic⁽⁹⁾ and engages with studies on the potential for integration between universities and health management⁽⁹⁾.

The IP was developed during the Public Health internship of the medical program at the Federal University of Ouro Preto (UFOP), at a Basic Health Unit (UBS) in Mariana (MG), in the Central Macroregion, between November 2025 and March 2026. During this period, the unit was undergoing a transition in team structuring and the initial implementation of the Family Health Strategy (ESF) model.

Participants included two 12th-semester medical students, a supervising physician, and a faculty advisor, as well as approximately 20 UBS professionals, including physicians, nurses, community health workers, nursing technicians, and support staff. These professionals contributed through individual or

group discussions to analyze the situational diagnosis and define priorities for strengthening primary health care (PHC) in the region.

The approach began with training students in the application of the PES during an in-person session at the university. The four phases of the method were carried out: the explanatory phase, to understand the reality of the unit; the normative phase, in which the next steps were systematically defined; the strategic phase, to define and organize known problems; and the tactical-operational phase, involving the execution of activities⁽³⁻⁴⁾.

During the explanatory phase, focused on identifying the central problem⁽³⁻⁴⁾, tools were used that were selected based on similar experiences with the PES⁽⁹⁾: the SWOT matrix (strengths, opportunities, weaknesses, threats), for analyzing the focus of the work^(4,10); GUT (Gravity, Urgency, Trend), for prioritizing problems⁽¹⁰⁾; and the Ishikawa diagram, for cause-and-effect analysis⁽¹¹⁾. The GUT matrix was applied after the SWOT matrix had been implemented and the Ishikawa diagram had been drawn. Given the difficulty of bringing professionals together for group discussions, we opted for individual interviews and participant observation in the workplace. Data were collected through personal and direct contact with the students and recorded in digital documents and physical records, as available, for subsequent data processing. Although the application of the SWOT matrix proceeded without significant challenges, the asynchronous nature of the interviews did not allow for the optimal application of the GUT matrix and the Ishikawa diagram, requiring adaptations and greater involvement by the students in consolidating the results.

During the planning phase, objectives, necessary resources, and potential obstacles were defined⁽⁴⁾. A matrix of specific objectives, operations, and actions was used, organized into different

levels of detail for each area subject to intervention.

During the strategic phase, the plan's feasibility was analyzed⁽⁴⁾, taking into account the resources and shortcomings inherent in the proposed operations. Two tools were used: the feasibility and practicability analysis spreadsheet and the 5W2H matrix (an acronym for the English terms: what, why, who, where, when, how, and how much)⁽¹²⁾, to optimize the planning stages and agents in a direct and clear manner.

In the final, tactical-operational phase, the planned actions were carried out and evaluated through in-person and asynchronous activities. Progress was monitored using a checklist that included a timeline and comments on each work item. The entire process was documented in a final report, which was presented to the participants, the academic community, and the Municipal Health Department at the end of the semester.

Since this is an experience report resulting from a pedagogical activity and does not involve the use of identifiable data, there was no need to submit it to the Research Ethics Committee. Nevertheless, applicable standards were observed, ensuring anonymity and con-

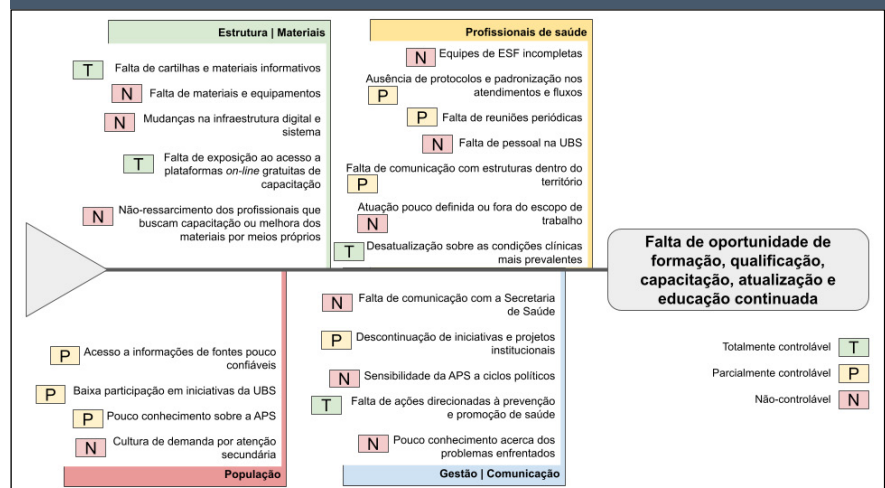
fidentiality.

RESULTS

The implementation of the PES during the clinical rotation, within the context of primary health care (PHC), revealed specific challenges from the outset and the need to adapt data collection to the routine of the Basic Health Unit (UBS). The collective administration of the instruments was not feasible and gave way to an asynchronous, individualized approach spread out over the duration of the clinical rotation. This change facilitated the participation of 20 professionals. Despite this, the PES proved flexible in the face of difficulties and situations that required adaptation, unpredictability, and non-linear actions.

The problem prioritized throughout the process was the "lack of opportunities for training, qualification, capacity building, refresher courses, and continuing education," although the immediate focus of the work was modified during the implementation of the PES. The SWOT matrix and the initial GUT matrix identified this aspect as a priority, making it the main focus of analysis in the Ishikawa diagram (Figure 1).

Figure 1. Ishikawa diagram relating the concomitant and synergistic weaknesses to the main problem identified at time point I of the PES.



Source: Prepared by the authors, 2025.

Experience Report

Pujatti JPR, Mendes IB, Ferreira LGS, Alves WA, Gusmão RB

Situational Strategic Planning in Primary Care: Experience Report From the Internship in Collective Health

After applying a second GUT matrix to the manageable demands listed by the Ishikawa diagram, it was found that the lack of regular meetings served as the organizing axis for other weaknesses, as it compromised internal alignment, the flow of information, and the capacity for collective planning.

However, between the end of the first phase and the beginning of the second, the UBS began holding periodic meetings at the initiative of a management team receptive to professional demands. This change confirmed the PES's ability to highlight these demands, but required a shift in focus. The broad outline of the Ishikawa diagram was then broken down into six specific objectives: to improve the quality of meetings; to expand the team's knowledge of the principles, guidelines, and organization of primary health care (PHC); to strengthen the university-community relationship; to provide updates on the most prevalent urgent conditions and situations; to optimize the use of the UBS's physical space; and to contribute to preventive and health promotion initiatives in the community.

To achieve these objectives, 29 specific actions were proposed and carried out simultaneously—ranging from agreeing on the plan with UBS managers and preceptors to developing informational materials. Of these actions, 21 (72%) were fully completed. By the end of the project period, periodic team meetings had been established; a digital repository containing health information for professionals—including essential protocols and workflows, as well as practical content on the most prevalent conditions in the region—had been created and disseminated; and the entire experience of implementing the PES had been documented in a final report. This article is also a product of the PES and stems from the recognition that the value of primary health care (PHC) management in the municipality is still in its early stages.

DISCUSSION

The experience seeks primarily to highlight the PES's adaptability to such

a heterogeneous and ever-changing context. Its usefulness depends on its ability to operate in real-world scenarios marked by uncertainty, time constraints, and the need for adaptation. What had been initially planned had to be revised to fit the unit's daily routine. This shift did not invalidate the method; on the contrary, it demonstrated its suitability for complex scenarios⁽⁸⁻⁹⁾. It is important, however, to conduct a critical analysis of the process: in an attempt to address secondary areas for improvement after resolving the primary focus of the work, the scope of the approach was expanded excessively. The final list of 29 actionable items could have been narrowed down to a more focused set of actions, emphasizing the process of improving the quality of meetings and supporting health education initiatives.

The use of these tools during the explanatory and normative phases raised some questions about the effectiveness of the SWOT, GUT, and Ishikawa matrices, as the time allocated to this stage accounted for more than half of the internship schedule. This uneven distribution of time may be associated with the students' limited experience using these tools and the staff's limited availability to participate in developing the matrices. Furthermore, these tools have intrinsic limitations, as they consist of static analyses of a constantly changing scenario⁽¹³⁾. Among the planning experiences described in the literature, the choice of instruments is hardly uniform, and there is no consensus on which is superior⁽¹³⁻¹⁴⁾. Thus, the challenge lies in establishing minimum conditions for high-quality strategic planning⁽¹⁵⁾.

Poister and Streib (2005) identified ten elements present in strategic planning in public administration: reviewing the organization's mission; identifying the interests and concerns of stakeholders; defining values and purposes; assessing internal strengths and weaknesses, as well as external opportunities and threats; definition of a vision for the future; definition of goals and objectives; definition of the strategic agenda; assessment of the feasibility of proposed actions; and development of ac-

tion plans⁽¹⁶⁾. The importance of defining a clear purpose for the planning process in advance is also emphasized⁽¹⁴⁾. In this regard, the inclusion of more clearly defined objectives in the Public Health Internship program can facilitate the implementation of the PES by students.

It is also important to highlight the context of operation. Although the facility has robust physical infrastructure and human resources, cultural barriers persist that hinder the quality of the work. The sociodemographic context of the territory is marked by significant differences⁽¹⁷⁾: it is a vast territory with areas of heterogeneous infrastructure, difficulties in accessing the Basic Health Unit (UBS) for some communities, and a strong culture of seeking secondary care services at the expense of Primary Health Care (PHC). There was significant demand for improving management processes, particularly among health professionals, given the challenges inherent in the context: initially with the implementation of the Family Health Program (ESF) and, subsequently, with the unit's adaptation to the new targets and indicators of the new financing and management model for the UBS⁽¹⁸⁾, referred to in official communications as "Saúde Brasil 360." The resumption of meetings reinforced the potential of management processes as tools for internal coordination, information sharing, agreement on courses of action, and the development of shared responses, contributing to the quality of care and patient safety⁽¹⁹⁾.

Although the importance of the meetings was evident, a shift in the focus of the intervention toward strengthening continuing education was observed. The project confirmed the potential of integrating teaching and clinical practice through the creation of a digital archive, the promotion of institutionalized processes, and the prospect of continuing the partnership between the UBS and the university. These initiatives established the minimum conditions for new projects and consolidated the medical internship as a space for educational intervention and shared responsibility⁽²⁰⁾. This strengthening of the link between ed-

ucation and the community is an effective way to ensure compliance with the World Health Organization (WHO) recommendation: medical schools should align teaching, research, and activities with the health needs of the community in which they are located⁽²¹⁾.

Limitations include the methodological design and the context of organizational transition, which did not allow for stratification or the assessment of clinical or administrative outcomes resulting from the intervention. Nevertheless, the experience demonstrated the adaptability and

applicability of the PES in common PHC contexts, while respecting the specific characteristics of the local area.

CONCLUSION

This study highlighted the potential of the PES as a management tool and training mechanism in the context of integrating education and service, fostering changes in work processes and contributing to medical education. Its application demonstrated the ability to adapt to local needs, strengthening the development of management

competencies outlined in the National Curriculum Guidelines (DCN) and broadening students' critical understanding of the structural and organizational challenges of PHC and the specific characteristics of the territory.

The gaps identified reinforce the need to expand, within medical education, experiences that bring future physicians closer to health management processes during their internship, fostering the integration of teaching and service and strengthening the contextualized use of planning tools in the day-to-day operations of health services.

REFERENCES

1. Campos GWS, Bonfim JRA, Minayo MCS, Akerman M, Drumond Júnior M, Carvalho YM. Tratado de saúde coletiva. 2ª ed. São Paulo: Hucitec; 2017.
2. Ocké-Reis CO, org. SUS: avaliação da eficiência do gasto público em saúde. Brasília: Ipea; 2023.
3. Jesus MA, Souza MKB. Concepções, estratégias e usos do planejamento na gerência em Unidades de Saúde da Família. Rev APS. 2021;24(3):493-504. doi:10.34019/1809-8363.2021.v24.15815.
4. Brasil. Ministério da Saúde, Conselho Nacional de Secretários de Saúde, Hospital Alemão Oswaldo Cruz. Diretrizes metodológicas para o planejamento estratégico das Secretarias Estaduais de Saúde. Brasília: Ministério da Saúde; 2021.
5. Brasil. Conselho Nacional de Educação. Resolução CNE/CES nº 3, de 30 set 2025. Institui as Diretrizes Curriculares Nacionais do Curso de Graduação em Medicina. Diário Oficial da União. 2025 out 1;Seção 1:35-37.
6. Brasil. Ministério da Saúde. Atenção Primária do SUS é destaque em conferência internacional [Internet]. 2023. Disponível em: <https://www.gov.br/saude/pt-br/assuntos/noticias/2023/outubro/atencao-primaria-do-sus-e-destaque-em-conferencia-internacional>.
7. Carmo ADN, Silva SLA, Campos EMS. Análise temporal de indicadores da Estratégia Saúde da Família sob o olhar da Política Nacional da Atenção Básica. Cad Saude Publica. 2023;39(8):e00042523. doi:10.1590/0102-311XPT042523.
8. Lima EVASL, Santos TOCG, Andrade AGSS, Glória WNC, Santos JDR, Ferreira IP, et al. Planejamento estratégico situacional como ferramenta de promoção em saúde na gestão: revisão integrativa. Res Soc Dev. 2022;11(2):e5911225302. doi:10.33448/rsd-v11i2.25302.
9. Godoy AS, Rodrigues AJE, Andrade DG, Hubner DH, Silva ED, Freitas GS, et al. Diagnóstico situacional de comitês municipais de equidade: relato de experiência do Projeto PET-Saúde Equidade. Saude Colet (Barueri). 2025;16(101):17408-21. Disponível em: <https://revistasaucoletiva.com.br/index.php/saucoletiva/article/view/3621>.
10. Pereira AS, Alves LC, Marques NBN, Gomes FC, Valentino TCO, Mesquita Junior FJ, et al. Matrizes GUT e SWOT como ferramentas de apoio à gestão da pesquisa acadêmica. Cad Pedagóg. 2025;22(11):e20015. doi:10.54033/cadpedv22n11-227.
11. Rodrigues RB, Rando Junior EL. Diagrama de Ishikawa: aplicações e impactos na gestão da qualidade. Cad Progressus. 2024;4(8):38-48.
12. Santos WM, Santos DM, Fernandes MS. Imunização do HPV no Brasil e propostas para aumento da adesão à campanha de vacinação. Rev Saude Publica. 2023;57:79. Disponível em: <https://revistas.usp.br/rsp/article/view/219926>.
13. Teoli D, Sanvictores T, An J. SWOT Analysis [Internet]. StatPearls; 2023. Disponível em: <http://pubmed.ncbi.nlm.nih.gov/30725987/>.
14. George B. Towards purposeful strategic planning: a mixed research synthesis across disciplines. Long Range Plann. 2025;58(4):102563.
15. Vandersmissen L, George B, Voets J. Strategic planning and performance perceptions of managers and citizens: analysing multiple mediations. Public Manag Rev. 2022;24:1-25.
16. Poister TH, Streib G. Elements of strategic planning and management in municipal government: status after two decades. Public Adm Rev. 2005;65(1):45-56.
17. Silva WP. Análise da caracterização de desigualdade social e demográfica dos setores censitários de Mariana-MG [monografia]. Ouro Preto: Universidade Federal de Ouro Preto; 2021.
18. Brasil. Ministério da Saúde. Portaria GM/MS nº 3.493, de 10 abr 2024. Institui nova metodologia de cofinanciamento federal do Piso da Atenção Primária à Saúde. Diário Oficial da União. 2024 abr 11.
19. Castelo RB, Fontenele NAO, Sá GGM, Galindo Neto NM, Barros LM. Estratégias para melhora da comunicação interprofissional na Atenção Primária à Saúde: revisão integrativa. Rev Enferm Atenção Saúde. 2024;13(3):e202443. doi:10.18554/reas.v13i3.6146.
20. Cardoso Pinto AM, Malone E, Ramesh N, Onanuga S, Benny N, Pettitt C, et al. Community partnerships in medical education: narratives of medical students. Public Health Chall. 2022;1(4):e42. doi:10.1002/puh2.42.
21. Shah D, Blythe J. Using community diagnosis on primary care placements for medical students. Educ Prim Care. 2021;32:1-4.