Advances and challenges in a new way of learning

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ABSTRACT

I present experience as a student of the Specialization in Health Education for Preceptors in SUS – PSUS, an initiative conducted by the Syrian-Lebanese Hospital, through PROADI-SUS, in the 2021-2023 triennium, critical-reflective analysis of the training process lived, as well as demonstrate evidence of the movements of the teaching-learning process and the learning from the elaboration and implementation of the intervention project entitled, Live work in PHC: systematization of activities with the multiprofessional residency, which prioritized the problem of lack of knowledge of the educational objectives of the interprofessional activities developed by residents and preceptors, in the practice scenarios of the Primary Care Reference Unit (URAP) Roney Meireles and the Basic Health Unit (UBS) Luiz Gonzaga, within the scope of the Integrated Multiprofessional Residency in Family and Community Health (RMISFC), in Rio Branco, Acre.

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INTRODUCTION

Within the scope of the Project for the Development of the Management of Residency Programs and Preceptorship in the SUS (DGPSUS), which aims to contribute to the training of professionals inserted in the teaching-work process in health, in the process of expansion and qualification of residency programs and in the qualification of care, and is materialized through the offer of specialization programs, that aim to train residency managers and undergraduate and graduate preceptors, an initiative conducted by the Syrian-Lebanese Hospital, through PROADI-SUS, was carried out in the 2021-2023 triennium, as one of the intervention projects of the Specialization in Health Education for Preceptors in the SUS (PSUS) - Living work in PHC: systematization of the activities with the multiprofessional residency, which prioritized the problem of lack of knowledge of the educational objectives of the interprofessional activities developed by the residents and preceptors, in the practice scenarios of the Primary Care Reference Unit Roney Meireles and the Luiz Gonzaga Basic Health Unit, in the domain of the Integrated Multiprofessional Residency in Family and Community Health – RMISFC, in Rio Branco, Acre.

In this context, I present my experience in this formative process and a critical-reflexive analysis of the training process lived, I demonstrate evidence of the movements of the teaching-learning process and the learning from the elaboration and implementation of the intervention project, because, in fact, "those who form are formed and re-formed by training and those who are formed are formed and formed by being formed" [1, p.25].

LEARNING PATH

In 2021, I learned about the proposal of this Specialization in Health Education for Preceptors in the SUS (PSUS). I became interested because I would work through active methodologies, knowledge that I intended to deepen in my classes at the university. These learning expectations were met, and my participation represented a great opportunity to apprehend and experience new learning processes and thus update my work process and bring students even closer to the contents worked, advancing in the construction of significant knowledge.

SIGNIFICANT LEARNINGS

In the process of training, I highlight as significant learnings the sensitization achieved with the use of *Educational Trips* (films, poems, images, music, among others); the line of reasoning in search of a solution (at least provisional) provided by the *Constructivist Spiral*; the *Problematizing Proposal* as a way of constructing knowledge; and the construction of an *Intervention Project* (IP).

Sensitization, Soul touched, Commitment assumed: The experiences provided by the Educational Trips (EV) can lead the professional to exercise, again, his humanity, sometimes

dormant, can lead to reflection on everyday situations, which, because they are frequent, may no longer touch us, as if the hard routine were macerating our capacity to feel and care.

This modality allows the integration between reason and emotion, based on the feelings triggered by an artistic production. In this sense, the social and artistic character of this strategy favors learning through emotions and feelings2. In the interactionist approach to education, reason and affectivity are constructed through the relationship between subjects and between them and the world3. Thus, emotions are inseparable elements of learning, considering that emotion and cognition are mutually related processes4.

To illustrate, we can cite some examples of EVs carried out throughout our training process and the reflections they triggered. In the film "*The Boy Who Discovered the Wind*" the protagonist decides to leave the accommodation zone in which his community survives and dares to try to build a solution. Considering the numerous situations of inequality that exist on all continents, daring a solution can mean saving lives. I lean toward the hope that with dedication, commitment, and a sense of "caring about the situation" we can work out projects considered by many to be impossible, if only because they have not been tried consistently and diligently before.

In this sense, how can we, preceptors, arouse in our students the feeling that they can make a difference in their field of activity? I believe that, engaging with them in activities, participating, being partners in projects, in accomplishments and not just delegating or "ordering to do things". Make students realize that they can count on the preceptor/teacher for the actual accomplishment and not consider him only as someone who evaluates and assigns a grade.

In the film "*Invictus"* the story told leads us to reflect on resilience. How people who go through such difficult situations can face them and even come out stronger, sometimes being an example for many. The whole plot leads us to the hope that we can do something to reverse a big problem, we start to consider that our actions can generate a greater impact than we imagined and what seems unsolvable, can be conducted in a more proactive way.

In our educational practice in health services, we go through several situations that we do not have the governability to solve immediately or totally, however, the story told leads us to think that with new strategies, innovative approaches and, above all, the decision to act, we can have a satisfactory result.

According to a fragment of the poem that strengthened Nelson Mandela in prison, shown in the film:

Because the path is narrow, I do not decline,
Nor because of the heavy hand that the world pours out;

I am master and mistress of my destiny;
I am the commander of my soul.

Deciding to be the commander of one's own soul and one's own destiny is the principle of not letting oneself be overcome by difficulties and generating solutions even in the most inhospitable environments.

In the short film "*Life of Mary*", another successfully made EV, the story portrayed, unfortunately, is more common than we can imagine. The life trajectory of many women in Brazil and elsewhere in the world is just a reproduction of what their predecessors experienced. Existences marked by machismo, lack of future prospects, poor living conditions and successive situations of degradation of dreams.

The precarious living conditions prevalent in many places in our country are even more difficult for women – girls, adolescents, adults and the elderly – because they are not allowed, if they want to, envision a destiny different from the one the women in their family have experienced. The naturalness of this perverse cycle is frightening. It is difficult for a woman born into these conditions to be able to build a more autonomous and satisfying life, in which she can consider her aspirations and seek to fulfill them.

In my experience, the breaking of this cycle is through the opportunity for education. Studying broadens horizons of life, builds possibilities of ascension, erects bridges of transition where before there were only walls. Promoting education, especially for the most vulnerable, is creating conditions for building better futures. It is to enable dignity to the human being, it is to remove the blindfold from our eyes to see the many possibilities that exist. In the same vein, Carlos Rodrigues Brandão, an important Freirean educator, states that "education does not change the world, education changes people, people change the world"[5, p.164].

As a final example of EV we cite "*Empathy*" (Available: https://www.youtube.com/watch?v=gPASDkS3F98). When we consider the different situations that each person faces and the different perceptions they have of the moment they are living, the video instigates us with a question: "If you could put on someone else's shoes, would you treat them differently?"

I believe so, in general, we would treat people with more patience and kindness, because there are many dimensions that imply people's behavior and if we knew what really led them to behave in a certain way, we would be more lenient in our judgments.

It also makes me think about the judgments I make of myself. How tough I am when I don't live up to the high expectations I set. Many times I establish rules and procedures to improve my performance in various areas of life, I am filled with enthusiasm, and of course, quickly all this

illusory construction collapses, because all the planning, goals, deadlines and "determinations" fade away. Which leaves the perception that I'm not good enough and I can't follow the plan I've set myself for my own "good and progress."

Having empathy favors our relationships with other people, makes us more human, and fills certain voids in our existences. Having this understanding with myself makes life less painful and even more possible. And that's fundamental, because how can I be genuinely understanding and empathetic to others if I'm not with myself. How can I give what I don't have?

The examples of artistic productions given sensitize us to human dimensions whose understanding is fundamental for a teaching-learning process that develops potentialities, that respects the particularities of each person, be it student, professional or user, and that produces, above all, a more equitable and affectionate way of health care.

The *Constructivist Spiral* - line of reasoning in search of a solution*:* The schematization of the teaching-learning process in the form of a spiral, as shown in figure 1, seeks to represent the movements developed in the collective work of the group, in order to identify previous knowledge and produce new syntheses and new meanings[6].

Figure 1 Constructivist spiral of the teaching-learning process.

Movement: identifying the problem and formulating possible hypotheses[6].

The movements of identification of problems and formulation of possible hypotheses are favored by the explanation:

- ideas, initial associations, and experiences;
- perceptions, feelings, and values;
- the phenomena and mechanisms that underlie the possible explanations;
- of hypotheses.

The identification of problems, initial explanations and the formulation of hypotheses in situations related to care management allow us to explore the contexts of care management and health education. These movements are fundamental for the explanation of previous knowledge and for the identification of the present capacities and learning needs of each student and the group. The group can be encouraged to make explicit assumptions, conjectures, and propositions. The identification of the learning frontiers in the process of explaining the problem guides the elaboration of learning questions that aim to overcome them.

Movement: seeking new information[6]

The search for new information should be carried out by the students in the way and where they consider most appropriate.

Movement: constructing new meanings[6]

The discussion of the problem-situation or narrative and the learning issues, in the light of the new information brought by the group, must consider the nature, relevance and evidence that allows an analysis and criticism, both of the sources and of the information itself. The construction of new meanings occurs through the confrontation between the group's previous knowledge and the new information considered valid.

Movement: evaluating the process[6]

The evaluation of the teaching-learning process is permanent and the formative evaluation assumes a decisive role in the improvement of this process.

The strategy used in the Constructivist Spiral allows the construction of individual and group knowledge. The problem situation used as a trigger draws attention to a certain context. The group interacts with the brainstorm, choosing the problems and raising the hypotheses. Here, new concepts and perspectives not previously considered have appeared, expanding the field of possibilities for students.

In a second stage, the choice of specific questions is instigated and the search for individual answers is stimulated, to later be shared with the group, to add new information with the discussion generated and to elaborate a collective synthesis, building a more complete and genuine answer.

The Constructivist Spiral, as well as the entire *Problematizing Proposal*, as a way of constructing knowledge, attract my attention a lot, since they create an atmosphere of commitment to the construction of new knowledge. In my practice as an educator, I still fight the backward conception that I have to get in touch with the students, with everything ready, with all the consolidated knowledge and deliver it to them, depositing in their heads what they should know

about a certain subject. I was trained, for a significant time, with the "banking" teaching1, and I recognize that it is not the most adequate, but I confess that I have to watch my conduct so as not to reproduce this way of teaching.

A significant part of health education in Brazil still treats knowledge in a very vertical way. The teacher/preceptor thinks: this is what should be taught, in this way, and it should be transferred just like it to the students. I try to reflect in the sense that "teaching is not transferring knowledge, but creating the possibilities for its production or construction"[1, p.47].

CONSTRUCTION OF THE INTERVENTION PROJECT (IP)

The need to construct an intervention project in the context in which the professional is most related is also undoubtedly a powerful learning resource.

As an educational strategy, the IP enables the systematization and construction of knowledge aimed at the opportunity to trigger processes of change in the way health is produced, as well as to contribute to the construction of autonomy of health professionals to deal with the situations that permeate the daily work of those involved7.

Skills in the areas of management, health care and education competence are worked on, applied to the situations of the participants' professional field. Strategic planning, teamwork and adult education are assumptions used, as they favor collective construction and the production of autonomy8.

Among the context possibilities in the PSUS/Acre class (triennium 2021-2023) I worked in the Primary Health Care (PHC) group, due to my contributions in undergraduate disciplines (Nursing, Medicine, Collective Health, Psychology) within the context of PHC and in the Integrated Multiprofessional Residency in Family and Community Health (RMISFC).

In the formulation of our intervention project, as well as in the other projects, tools were used that favor the conduction of each movement of this process, from the analysis of the context, identification of the problem; prioritization of its causes; systematization of evidence (about the context, the problem, the causes and the type of intervention); construction of the action plan; deployment monitoring; until the evaluation of the results achieved in relation to the expected changes7.

Initially, the group met for the first discussions about the context in which the RMISFC is inserted, the critical nodes in the work process between residents and preceptors, the influence of external actors, the potential of this training opportunity and what the real possibilities of intervention were under our governability.

A critical point that came up in many discussions was the "banking" training that the preceptors had received in their professional training, at least for the most part, and how it was

reproduced in the process of training the residents of the multiprofessional team. This vertical orientation from those who "hold the knowledge" to those who must "just obey, do what was indicated", which requires little reflection and criticality about daily health practice, which does not favor the autonomy of the professional in training, nor their creativity to think of more innovative solutions, always stood out as a way to explain the way of relationship between preceptor and residents. and its deleterious effects on user care, on the formation of professional autonomy in the context of PHC and, finally, on the dissatisfaction of both preceptors and residents with this type of relationship.

In this sense, we initially thought of carrying out as an intervention a training in active methodologies for the preceptors of the residency in question, in order to awaken and equip them for a new teaching-learning process. However, with the advancement of research and reflections, we abandoned this initial idea. Given that we ourselves needed this type of formation, we would not be able to train preceptors in something that we are still building within our formation.

Resuming the discussions and with a lot of help from our facilitator Renata Petta, we set up another possibility of action. Through the analysis of the set of evidence and descriptors of the context, we identified the targeted cause that would be our object of intervention: there is no clarity of the educational objectives, nor systematization of the residents' activities, by core of knowledge (Physiotherapy, Nursing, Social Work, Dentistry, Speech Therapy, Nutrition, Psychology and Physical Education) and collective, in the scenarios of URAP Roney Meireles and UBS Luiz Gonzaga practices.

However, analyzing the feasibility of this proposal, we evaluated whether it would be suitable for a dimension more consistent with our availability of time and support received from our workplaces. In this sense, the objective of the intervention became to describe the interprofessional activities carried out and potential, as well as their pedagogical intentions, in the practice scenarios at URAP Roney Meireles and UBS Luiz Gonzaga.

After planning the intervention and negotiating with the strategic actors (Coordination of the RMISFC at the Federal University of Acre - UFAC and at the Acre State Department of Health - SESACRE) we held four workshops with residents (R2), preceptors and tutors, who, through strategies of active methodologies, built a guiding document of the interprofessional activities and their respective pedagogical intentions for preceptors and residents. as well as suggested frequency for such activities to be carried out.

The guiding document entitled "Horizontal Agenda of Interprofessional Activities – Integrated Multiprofessional Residency in Family and Community Health – RMISFC", aims to contribute to the improvement of the training process in the RMISFC, since it clarifies the

pedagogical intentions of each proposed interprofessional activity, favoring the knowledge, attitudes and educational practices of the preceptor.

The guiding document was submitted for consideration and approved, with amendments, by the Coordination of Multiprofessional Residencies – COREMU, and its annexation to the Political Pedagogical Project of the Integrated Multiprofessional Residency in Family and Community Health – RMISFC was also approved.

The construction of the intervention project also posed challenges for me and for the group. First, we were faced with the difficulty of finding a problem (targeted cause) that we had the governability to act on, given the low adherence of managers to the proposals for change. Health training is generally well accepted by those in management, not least because of the *status* of scientificity, vision of the future and innovation that they carry. However, when professionals in training or recent graduates begin to present proposals for changes, which would alter the *established status quo*, which is sometimes very favorable to those in the decision-making spheres, difficulties begin to appear to actually implement any significant change.

Another challenge that I consider is the difficulty we had (intervention group) in coordinating the personal/professional agendas to be able to meet outside the hours protected by the training to work on the planning and execution of the IP. And even at the times previously established for us to be in the training, there were impasses, such as the need to replace that time/activity and change shifts. Coordinating the availability of seven professionals was a complication, many with more than one job and with stability and variable working hours. Some of our meetings did not have the full group or were held *online*.

FINAL THOUGHTS

I consider that the educational strategies used and the close guidance of our facilitator and other professionals involved in the planning and pedagogical conduct of this specialization enabled the reflection on the context experienced, identification of problems that could be intervened, feasibility assessment, planning, negotiation with stakeholders and execution of the intervention project. All stages of this training process contributed to the development of a broader view of the planning and execution processes aimed at professional training in health.

I evaluate the results of the intervention as satisfactory, given that we successfully achieved the proposed objective, considering the legitimate participation and engagement of residents and preceptors in the elaboration of the product (Horizontal Agenda of Interprofessional Activities – Integrated Multiprofessional Residency in Family and Community Health – RMISFC), which was approved and will be part of the political pedagogical project of this residency.

We have already received positive reports from residents and preceptors who report that the mobilization provoked in the workshops, the discussions and reflections on the process of comprehensive and equitable care, have been reflected in the work process of the health unit.

In addition, the engagement of the intervention group in learning, in the planning and execution of activities, the formation of new friendships and the strengthening of existing bonds remind me of the love, joy and hope so necessary to the teaching-learning process, spoken of, explicitly and implicitly, by Paulo Freire in his work.

When I first read "Pedagogy of Autonomy" I was surprised by Freire's emphasis on decency and cuteness, ethics and aesthetics, loving-kindness. Accustomed to more technical texts, I was surprised when terms so closely linked to affection were placed as foundations in educational and professional practice. I was surprised and pleased to learn that the relationship between teacher/preceptor and student is rather a relationship between human beings, people with feelings, values, personal experiences and perceptions long before the moment of educational practice.

In addition to these advances and improvements, I would like to highlight the numerous times I participated in interprofessional group discussions in this training to carry out PI or other activities. These meetings are very productive, because the various perspectives (with different health backgrounds) on the same problem generate a more holistic view of the situation. Different aspects are highlighted, anchored in a certain training and professional and personal experiences.

I experienced the importance and difference that sensitization causes in engagement, understanding and commitment in the study of a given situation. Thus, the first step to be taken is to raise awareness of the situation to be worked on. This can be achieved with a "*Travel*" suitable for this.

I have experienced that building knowledge has to do with what we know now, with thinking about a situation (problems and hypotheses) and researching solutions. Commitment, creativity, constancy, persistence, interest, that's what *modus operandi* for meaningful learning of anything. And finally, the opportunity to build an IP, along the lines provided, made us have to consider the existing context, the actors involved, what was possible to do in the time and conditions we had, in short, to work within the needs found and the possibilities of action, and not from an intervention project imposed in a vertical way.

These experiences and learnings represented advances and challenges for my personal and professional life, and, undoubtedly, this new way of learning, more active and lighter, without being uncompromising, more horizontal, but with direction and order, is already part of my repertoire of work strategies in graduation and residency.

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