

The training of health students during the COVID-19 pandemic: Changing scenarios

Adriana Duarte de Souza Carvalho da Silva¹ Enderson Rodrigues de Carvalho², Master
Leandro Henrique Tavares Pauletti³

¹PHD. Professor in the Medicine Department of Centro Universitário Claretiano.

²Candidate for a PHD at Universidade Estadual de Campinas and professor at Centro Universitário Claretiano.

³Dean of Centro Universitário Claretiano.

Received: 11 Aug 2022,

Received in revised form: 07 Sep 2022,

Accepted: 11 Sep 2022,

Available online: 15 Sep 2022

©2022 The Author(s). Published by AI
Publication. This is an open access article under
the CC BY license

(<https://creativecommons.org/licenses/by/4.0/>).

Keywords— COVID-19, Pandemic, Health
Education, Health Training.

Abstract— The COVID-19 pandemic has radically changed our relationships with the world, making our social interactions more distant and colder than we saw before the spread of the disease. The impact of this seclusion of people and the departure from their routines should have positive and negative consequences over the years. In this reflection, we discussed what adaptations were made so that students and educational institutions could count on a horizon in the maintenance of their activities during the pandemic, without students, teachers and even the schedules, being impacted by the scenario that happened. The article shows that there were many investments so that the interaction was not compromised and so that the technological resources could compose all the support that was already available for the training of students in health courses.

I. INTRODUCTION

Since the end of 2019, the world has been hostage to an unprecedented pandemic, which has had an impact not only because it is a disease that has killed thousands of people across the planet, but also because has changed everyone's routine and radically transformed our habits and mores. Our economy was impacted, thousands of people lost their jobs and large corporations closed their doors during this time. It was not just the health of the population that was affected, but everything around it (Lauro, Vicente. 2020).

In this new scenario, in the months following the beginning of the pandemic it was demanded a reclusion of families in their homes, changing the way of interacting with their work, studies, new buying habits and even relating to people. All this change was aimed at maintaining their health and removing any possibility of being contaminated with the SARS-CoV2 virus and its mutations (Bezerra, et al. 2020).

After studies and verification of a vaccine against the disease, several countries entered a race to buy an immunizer that could end the pandemic and bring normality back. More than two years after the beginning of the proliferation of COVID-19, it seems that activities around the world are returning to what they were before 2019, bringing a certain relief and enormous hope to everyone for the future (Castro, 2021).

However, before we get to that moment, in which what is outlined from now on is an extremely positive and hopeful scenario, in the midst of the pandemic it was necessary to maintain some crucial activities for the world to continue working. Industries, health services, schools and colleges, among other activities, could not interrupt their work for a long time, given the loss that they would have within their schedules and needs of supply and demand for their products and services.

Given this scenario, health courses had to develop strategies to maintain teaching, including practical classes. In this

context, this article wants to understand how this was done during the first months of the pandemic and the strategies created.

II. METHODS

This is an exploratory research, built on the experience of the Dean of a medical course at a Brazilian university, who had to adapt to new teaching-learning strategies during the pandemic.

Claretiano University Center has a degree in medicine of excellence in the region where it is located. The medical course is part of a federal public policy called Mais Médicos, which aims to increase the number of doctors in Brazil in line with family health strategies. That is why the course is focused on public policies for family medicine and primary health care. The course offers labs and practical classes since the first semester. With the pandemic, all that changed.

With the pandemic, all changed and the institution needed to create new strategies to continue with the practices, maintaining the quality of your practical classes. Therefore, this is an experience report and study case, based on the experience of the team responsible for managing the course, on how to keep lessons going, with the same experiences and high level.

III. RESULTS

Within this universe, educational institutions had to create possibilities for interaction and resignify the education models practiced so far so that educational activities could take place during the pandemic. Efforts and investments were made so that classes and monitoring took place at a distance, maintaining a quality standard in the improvement of students and reducing losses as much as possible at this time. In addition, professors and students had to broaden their view of this technology, training was offered by educational institutions so that those involved were familiarized with the technology as soon as possible (Matos de Oliveira. 2021).

This was also a troubled and apprehensive period on the part of the training schools, as students and family members questioned the format of the classes, which was changed from the traditional learning model. The adoption of technologies and digital media, such as films and series in the increase of remote classes, ended up triggering in some people the feeling that the lack of interaction and low participation of students with remote media, would frustrate students' learning ambitions. (Nóbrega, Oliveira. 2021).

Specifically for health courses, maintaining practical activities during the pandemic was an extremely difficult

task to perform. In the first months of 2020, when the disease aggressively arrived in our country, educational institutions and the government immediately ended up removing students from practice scenarios, given the risks offered to this audience. For many students, this was a very troubled moment, giving them a feeling of insecurity regarding the fulfillment of their goals, generating anxiety and concerns for students and families (Girundi, Aveiro, Uchôa-Figueiredo. 2021).

At this time, many institutions ended up investing and putting all the capacity of their simulation laboratories into the maintenance of practical activities, they used recordings and videos of situations of the course practice as a discussion scenario, they discussed medical records, among other forms of bring knowledge to the student. All this effort was aimed at not harming student learning and the commitment of their training period, this is because many trainees were already in boarding school at the time of the pandemic or in more advanced semesters, where practice takes care of much of the your study day (Costa, et.al. 2021).

Professors who were on the front lines of the fight against COVID-19, doctors and nurses mainly, carried out the exercise of taking to the discussions with the students, at the moment when it was possible to give in person or even virtual, the analysis on top of the attendance records. This exercise was extremely positive for the student to have a broader understanding of how medical practice was carried out at the time of a pandemic, something unthinkable in the construction of knowledge, however, an experience that trainees in this period will hardly forget (Matos de Oliveira. 2021).

IV. DISCUSSION

Undergoing a health course during a pandemic is something quite peculiar and unprecedented in the literature. There were certainly gains and losses in this process. Investments in technology in the application of hybrid and totally remote models, showed that there is a path that can be traveled by students and educational institutions without significant losses and optimizing learning. The maintenance of subjects from these courses in this format showed that, at times, the lack of interaction did not harm the process (Grossi, Minoda, Fonseca. 2020).

On the other hand, it was noticeable that students, preceptors and professionals from multidisciplinary teams, distributed in units of the Family Health Strategy - ESF, Basic Health Unit (UBS), Emergency Care Units (UPA) and public and private hospitals, became closer and made very powerful exchanges of theoretical and practical knowledge. The construction of this multidisciplinary relationship while the student is still in the institution of higher education, collaborates considerably so that there are no barriers in the

construction of collective work, reducing the power struggle within the spaces of practice.

At this time, many institutions ended up investing and putting all the capacity of their simulation laboratories into the maintenance of practical activities, they used recordings and videos of situations of the course practice as a discussion scenario, they discussed medical records, among other forms of bring knowledge to the student. All this effort was aimed at not harming student learning and the commitment of their training period, this is because many trainees were already in boarding school at the time of the pandemic or in more advanced semesters, where practice takes care of much of the your study day (Costa, et.al. 2021).

Another important interaction that gained a lot of space in this period and that is certainly here to stay was Telemedicine. Some universities were able to put their students to monitor the care provided by a medical professor at the institution and analyze the entire context behind this way of bringing health to the population. Fast, economical and with the possibility of having more agility in diagnoses and treatments, the trainees were able to make powerful discussions from these analyzes and maintain a good level of knowledge retention (Massucato, et.al. 2021).

It was possible to see the participation of students from courses in the health area participating in meetings and moments where public health units carried out Permanent Health Education. This important policy and advocated by the Unified Health System was fundamental at the beginning of the pandemic in the dissemination and exchange of relevant information about what was known about COVID-19. The collaboration of the student, when he was present in the unit, brought even more notability to this process, since the student has the obligation to seek knowledge and innovations in the practice of his profession to update himself and form his framework. As he takes this information to these moments of exchange within the units, he collaborates in a fundamental way for the training of other agents.

V. CONCLUSION

Many innovations and adaptations were made in order to maintain normality in educational activities during the COVID-19 pandemic, all so that students and educational institutions could envision, as soon as possible, an encouraging scenario for the gradual and definitive return of their routine. This pandemic moment ended up lasting longer than we imagined, making some changes in the way of educating become positive and even as an option to be considered in the increase of knowledge. It is still difficult to make a diagnosis of what the model that institutions will adopt with this return will be like, if we will have contributions from this moment where many changes have

been made, if we will return to the traditional model to which we were used to, or if we will have a third way, where the adaptations we've made will be added to new technologies that we don't even know about yet. If I were to choose one of them, I'd say the last one makes the most sense.

REFERENCES

- [1] BEZERRA, ACV. SILVA; CEM. SOARES; FRG. SILVA, JAM. Fatores associados ao comportamento da população durante o isolamento social na pandemia de COVID-19. *Ciênc. saúde coletiva*; vol 25 (suppl 1), Jun 2020. p. 2411-2421. <https://doi.org/10.1590/1413-81232020256.1.10792020>
- [2] CASTRO, R. Vacinas contra a Covid-19: o fim da pandemia?. *Physis: Revista de Saúde Coletiva*, Rio de Janeiro, v. 31(1), e310100, 2021. p. 1-5. <https://doi.org/10.1590/S0103-73312021310100>
- [3] COSTA, RRO; et.al. Laboratório de habilidades e simulação clínica em época de Covid-19: possibilidades e recomendações práticas. *Medicina (Ribeirão Preto)* 2021;54(1): e-177075. p. 1-14. <https://doi.org/10.11606/issn.2176-7262.rmrp.2021.177075>
- [4] GIRUNDI, C; AVEIRA, M.C; UCHÔA-FIGUEIREDO, L.R. Formação para o cuidado interprofissional: ressignificando a prática de saúde em tempos de pandemia. *Interface (Botucatu)*. 2021; 25 (Supl. 1): e210034. p. 1-14. <https://doi.org/10.1590/interface.210034>
- [5] GROSSI, M.G.R; MINODA, D.S; FONSECA, R.G.P. IMPACTO DA PANDEMIA DO COVID-19 NA EDUCAÇÃO: REFLEXOS NA VIDA DAS FAMÍLIAS. *Teoria e Prática da Educação*, v. 23, n.3, Setembro/Dezembro 2020. p. 150-170. <https://doi.org/10.4025/tpe.v23i3.53672>
- [6] LAURO, M; VICENTE, L.H. Impactos da crise da Covid-19 no mercado de trabalho brasileiro. *Revista de Economia Política*, vol. 40, nº 4, outubro-dezembro/2020. p. 647-668. <https://doi.org/10.1590/0101-31572020-3200>
- [7] MATOS DE OLIVEIRA, J. V. O cenário da educação médica brasileira na pandemia da Covid-19. *Revista Portal: Saúde E Sociedade*, 6 (Fluxo contínuo), e02106024. 2021. p. 1-5. <https://doi.org/10.28998/rpss.e02106024>
- [8] MASSUCATO, M.A.O; RIBEIRO, A.L.G; PESSALACIA, J.D.R; NEVES, V.J.R; SNOLTE-RODRIGUES, V.P. Telessaúde como ferramenta na formação médica durante a pandemia da COVID-19: relato de experiência. *REVISTA BRASILEIRA DE EDUCAÇÃO MÉDICA*. 45 (3): e172, 2021. p. 1-6. <https://doi.org/10.1590/1981-5271v45.3-20210195>
- [9] NÓBREGA, L; OLIVEIRA, F.L. Os desafios da educação remota em tempos de isolamento social. *Revista Educação Pública*, v. 21, nº 14, 20 de abril de 2021. p. 1-5. Disponível em: <https://educacao publica.cecierj.edu.br/artigos/21/14/os-desafios-da-educacao-remota-em-tempos-de-isolamento-social>