

CONTRIBUTIONS OF THE DIDACTICS SUBJECT FOR THE TRAINING IN COLLECTIVE HEALTH: EXPERIENCE REPORT

CONTRIBUIÇÕES DA DISCIPLINA DIDÁTICA PARA A FORMAÇÃO EM SAÚDE COLETIVA: RELATO DE EXPERIÊNCIA

CONTRIBUCIONES DE LA DISCIPLINA DIDÁCTICA PARA LA FORMACIÓN EN SALUD COLECTIVA: INFORME DE EXPERIENCIA

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How to cite this article: Conceição HN, Rocha MR, Pacheco HSA, Coelho SF, Bandeira HMM, Lopes MSL. Contributions of the Didactics subject for the training in collective health: experience report. Rev baiana enferm. 2021;35:e37765.

Objective: to describe the contributions of Didactics discipline to the formation in public health. **Method:** this is an experience report, descriptive, detailed, in the context of didactics, taught in the second semester of 2019, in the Graduate Program in Health and Community of the Federal University of Piauí. For discussion, the report has two parts: experience and experience with the didactics discipline in graduate studies and didactic challenges for health professionals. **Results:** the didactics subject allowed the understanding of the pedagogical process as multidimensional, providing the rupture of the conception of the discipline only as a set of instrumental methods for teaching practice. **Conclusion:** the discipline enabled the understanding of the complex field of Didactics as a challenge for public health professionals and constituted an important component in the curricular matrix of training of these professionals.

Descriptors: Higher Education. Public Health. Teaching. Health Education. Teaching.

Objetivo: descrever as contribuições da disciplina Didática para a formação em saúde coletiva. *Método:* trata-se de um relato de experiência, do tipo descritivo, detalhado, no contexto da disciplina Didática, ministrada no segundo semestre de 2019, no Programa de Pós-Graduação em Saúde e Comunidade da Universidade Federal do Piauí. *Para*

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discussão, o relato possui duas partes: vivência e experiência com a disciplina Didática na pós-graduação e desafios da Didática para os profissionais da saúde. Resultados: a disciplina Didática permitiu a compreensão do processo pedagógico como multidimensional, proporcionando a ruptura da concepção da disciplina apenas como um conjunto de métodos instrumentais para a prática docente. Conclusão: a disciplina possibilitou o entendimento do complexo campo da Didática como um desafio para os profissionais de saúde coletiva e constituiu-se em componente importante na matriz curricular de formação desses profissionais.

Descritores: Educação Superior. Saúde Pública. Docência. Educação em Saúde. Didática.

Objetivo: describir las contribuciones de la disciplina didáctica a la formación en salud pública. Método: se trata de un informe de experiencia, descriptivo, detallado, en el contexto de la didáctica, impartido en el segundo semestre de 2019, en el Programa de Posgrado en Salud y Comunidad de la Universidad Federal de Piauí. Para la discusión, el informe consta de dos partes: experiencia y experiencia con la disciplina didáctica en estudios de posgrado y retos didácticos para los profesionales de la salud. Resultados: la disciplina didáctica permitió la comprensión del proceso pedagógico como multidimensional, proporcionando la ruptura de la concepción de la disciplina sólo como un conjunto de métodos instrumentales para la práctica docente. Conclusión: la disciplina permitió la comprensión del complejo campo de la Didáctica como un reto para los profesionales de la salud pública y constituyó un componente importante en la matriz curricular de formación de estos profesionales.

Descriptores: Educación Superior. Salud Pública. Enseñanza. Educación para la Salud. Enseñanza.

Introduction

Knowledge has become an important resource in today's globalized society, since everything is constantly developing. It is assumed that health workers are able to evaluate complex scenarios, besides being able to decide quickly which strategy should be used, to adjust critically the actions to be performed and the expected results⁽¹⁾.

Every teaching training process should include curricular components that systematically address what should be done in pedagogical educational practice⁽²⁾. Among these components, Didactics plays a relevant role, as it understands teaching as a social practice determined historically and socially as a mediating activity between the educational foundation and the educational activity⁽³⁾.

The teaching professional is in a constant process of formation, because, by transforming other beings, by assisting them in the construction of knowledge, he/she is also transformed in this process⁽⁴⁾. Thus, there is an active partnership in the process of acquisition, transmission and construction of knowledge, in which professor and students learn and develop each other⁽⁵⁾.

When education and health are associated, it is important to understand that health involves

the necessary living conditions, such as: "[...] conditions of food, housing, education, income, environment, work, transportation, employment, leisure, freedom, access and ownership of land and access to health services."^(6:4). The intention is to think of health education as a tool for collecting and allocating resources to intervene and transform the living conditions of the population, aiming at achieving a quality collective health⁽⁷⁾.

Thus, the purpose of collective health, elaborated in organic, political and community aspects, comprises the survey of determinants of social production in health, disease and care, thus assuming an interdisciplinary character that suggests an integration of different knowledge from various professional backgrounds⁽⁸⁾.

It is noteworthy that health education means communicating a knowledge acquired in the area to a person or population, without disregarding the subjectivity of each being, the previous knowledge and his/her surrounding sociocultural context, thus contributing to the construction of knowledge⁽⁷⁾. Therefore, thinking about practices in collective health requires articulating them with other knowledge and with a given context.

Currently, the training model of public health professionals has allowed only the uncritical and alienated reproduction of health work processes, especially when based on pedagogical processes that provide little reflection and are based on biologicist references. These processes are often based on learning conceptions that prioritize the content to be absorbed and reproduced without integration with professional practices, in addition to still occurring in authoritarian environments, in which the professor/student relationship reproduces relationships of submission and domination⁽⁸⁾.

Thus, recognizing the need to improve teacher pedagogical preparation for public health professionals, *stricto sensu* postgraduate programs of higher education institutions have included new curricular components in syllabuses, such as Didactics.

This experience report aims to describe the contributions of the Didactics subject to the collective health training.

Method

This is a descriptive and detailed experience report in the context of Didactics subject, taught in the second semester of 2019, for a multiprofessional class of the Postgraduate Program in Health and Community, at the Health Sciences Center of the Federal University of Piauí (PPGSC/UFPI), composed of 17 students: six nurses, three nutritionists, two psychologists, two physiotherapists, a social worker and a dentist. The PPGSC provides two lines of research: Health Situation Analysis and Health at School.

The subject's syllabus comprises the discussion of the need for didactics in the area of collective health, the planning of teaching and the organization of the class in the emerging paradigm. Two pedagogue professors taught the course in a classroom of the Health Sciences Center (CCS/UFPI), on Thursdays, in the morning shift, for four hours/class, totaling 45 hours of study.

The topics of the subject were divided into three units, which addressed the following themes: in the first, the epistemological

foundations of Didactics, educational approaches and trends; in the second, didactic planning and the organization of pedagogical work; and in the third, discussion about the class as a pedagogical manifestation.

The procedure adopted to facilitate the teaching-learning process in the Didactics discipline was the exhibition class and dialogued with the use of innovative methodologies. Priority was given to performing group and individual activities, encouraging reading, the production of syntheses and the development of lesson plan for subsequent presentations and discussions in the classroom.

The Didactics subject stimulated the critical thinking of the students about its definition and object of study. It urged them to understand Didactics beyond the "how-to-do", of the methods of a subject, perceiving it as a synthesis of the totality of the social, educational, technical and political aspects in which they were produced.

Results and Discussion

As all the moments of the subject could not be described, the report is presented in this article in a synthetic way divided into two parts: living and experiencing Didactics subject in post-graduation and challenges of Didactics for public health professionals.

Living and Experiencing Didactics Subject in Post-Graduation

The subject began in August 2019. The classes were built in collaboration between students and professors. These were critical mediators of the techniques and procedures used for the construction of knowledge. The teaching strategy used by the mediators to provide an effective teaching-learning process already presented indications of the diversity of methods that can be used to allow knowledge production.

During the course, the students were presented to texts such as: "Fundamentals of Didactics" by Alessandro de Melo and Sandra Terezinha Urbanetz⁽³⁾, which presents an introduction

on the concept of Didactics, considering the historical and social constitution of this area of knowledge linked to education and pedagogy; “The Emerging Paradigm and Pedagogical Practice” by Marilda Aparecida Behrens⁽⁹⁾, which presents movements and paradigms of pedagogical practices; “The Review of Didactics”, chapter from the book by Vera Maria Candau⁽²⁾ entitled “Towards New Didactics” and “Didactics in the Formation of Educators – from Exaltation to Denial: the Search for Relevance”⁽¹⁰⁾ from the same author’s book with the title “The Didactics in Question”, which presents the importance and need for the construction and consolidation of fundamental didactics and for overcoming instrumental didactics; and chapter VII of the book “Challenges for University Teaching in Contemporaneity” by Marcos T. Masetto⁽¹¹⁾, entitled “Subject and Class Planning as Space and Time of Learning and Professional Training”, which discusses the importance of planning the subject and classes to stimulate the development of appropriate conditions for the teaching-learning process. These texts supported the teaching-learning along the subject.

For the discussion of these texts, active methodologies were used. These are used by professors in various training areas and consist of ways to develop a learning and teaching process, seeking to conduct the critical and autonomous training of professionals, stimulating curiosity and considering the choices of each individual and the collectivity, through the practice and social contexts surrounding students⁽¹²⁾.

The discussion on the fundamentals of didactics, whose main reference was the chapter from the book by Vera Maria Candau⁽²⁾, was carried out with the support of conceptual maps constructed and exposed by the students, followed by reflection and discussion of the text. This activity carried out with the interaction and participation of all, in addition to organizing the main ideas of the text, provided the learning of the subject.

With the reading and discussion of the book, it was possible to understand that didactics is beyond the classroom, beyond methods used to

conduct a class. Didactics is a mediating activity between pedagogy and educational practice. Such activity cannot be thought of without considering social practice⁽²⁾. This understanding allowed making a direct association between didactics and the professional practice of students in the health and education environments, because it unveiled that the use of didactics should be in all educational actions. Even if the place of educational practice is a hospital, a clinic, a square, a domicile, didactics becomes necessary to mediate this pedagogical relationship in the performance of health professionals, especially in the articulation of “for whom to do” and “why to do”, that is, to consider the social practice of the individuals involved, to enable teaching-learning and social transformation.

In general, anyone is involved with education and health actions, even without realizing it. What happens is that health professionals constantly carry out education actions, including educational practice established as a health care. Thus, it is important that these professionals understand the relevance of educational practices with a pedagogical dimension, with conscious intention of planning actions and the process of operationalization of these practices. Moreover, it is also relevant that they consider the integrality of the participants and the environment where they live⁽¹³⁾.

During the activities of the Didactics subjects, the relationship between the planned and the accomplished was observed, since the professors were considering and making adjustments to meet the needs that were manifested. Still using active methodologies, the professors of the subject divided the class into four groups to discuss the text on paradigms of pedagogical practice. Each group was responsible for preparing a material to synthesize the base text. Thus, a summary, a glossary, a comic book and a newspaper headline were built.

In the following class, rotation per station was proposed⁽¹⁴⁾, which consists of separating students into groups that present different activities. For this class, the groups were organized according to the material produced.

Two members of each group stayed at their station to explain how they had built the material; the other two came into contact with the material and construction methods in the other stations. Then, there was the exchange of the members who stayed at the station, so that everyone knew what all the groups had produced. This moment was very enriching, because it allowed sharing the acquired knowledge, exploring unobserved details, as well as encouraged the synthesis, criticism and production of new knowledge.

The paradigms of pedagogical practice were divided into conservative and innovative⁽⁹⁾. The conservative paradigm is represented by the traditional, new-school-based and technicist approaches, which focus mainly on the reproduction of knowledge, repetition and mechanistic views of the teaching and learning process. The innovative paradigm is represented by systemic, progressive and teaching with research approaches, which seek to overcome conservative approaches, aiming at knowledge production through the student's involvement in the educational process.

The detailing of these paradigms was essential for the students to understand that professional training was based on conservative teaching, in which the professor is the "holder of knowledge" and the students, mere spectators who should listen without questioning. The students also realized that, unfortunately, they often reproduce such paradigms in their professional practice. The knowledge of new approaches allowed perceiving that one can think and do education valuing the student-professor partnership, emphasizing the problematization of the social context and producing new knowledge and the transformation of social practice.

Therefore, it is essential to use active teaching-learning methodologies in the health education process, when seeking greater theoretical-practical interaction that can favor the training of critical, reflective, participating and committed professionals in the construction of knowledge and learning, working in a multiprofessional way and taking into account the needs of the health system and the reality of social practice⁽¹⁵⁾.

After understanding didactics and its foundations in educational paradigms, there was a discussion, based on the readings of the texts, about didactic planning and the importance of planning by professors, evidencing that this planning should start from the reflection on "why, what and how to teach". Professors' planning is fundamental, because it is a reflective process that enables the programming of educational actions, so that the teaching-learning process takes place effectively. It also allows the linking of pedagogical activities with problems of the social context⁽¹⁶⁾.

Thus, in the teaching planning process, the differences of its participants must be respected using methods that enhance students' critical and reflective thinking, also paying attention to professional training, considering the social and political particularities of their surrounding environment⁽¹⁷⁾. For this to happen, it is necessary to understand and use the components – objectives, contents, methodology, teaching resources, evaluation and references – structuring for planning in education. Such components are indispensable in the use of the systematized teaching-learning process and in professional training.

Aiming at a better understanding of these structuring components that should be addressed in a subject and/or class, the mediators of the subject asked each group to bring the teaching plan of a subject to be analyzed by them in the classroom. At that moment, the form of organization, the components presented and the missing and inadequate information were identified. The teaching plan consists of a document prepared by the professor, which organizes the work proposal in a subject. Contact with the teaching plan is essential for professors' education and for health professionals, since they provide the systematization of activities with pedagogical dimension⁽¹⁸⁻¹⁹⁾.

In the presentation of each teaching plan, strategies to improve the instrument and main differences between teaching plan and lesson plan were discussed. Thus, the syllabus and general objectives should appear only in the

teaching plan of a subject; specific objectives should be present only in the lesson plan.

Following the study on planning and its use in higher education, the students were proposed to plan and present a class on a chosen theme, within their area of activity. For the class, all the knowledge acquired in the Didactics subject would be used, from the approach to be used in the classroom, supported by the paradigms of pedagogical practices, to the means and methods of planning the lesson plan and the class itself. The experience of these classes allowed the simulation of didactic tests, commonly used to select professors, because part of the master's students showed this motivation for teaching activity. In addition to the one presented, it allowed acquiring knowledge about the various health areas, since the class was composed of professionals from different health areas.

Challenges of Didactics for Public Health Professionals

The main challenges of Didactics for public health professionals are related to the lack of pedagogical knowledge or the misunderstanding of what didactics is and the role of professionals and health professionals in the teaching-learning process.

The main challenge for Didactics, still observed in the first classes of the subjects, was the individual and collective conception of what didactics is and its object of study. Students understood it as a subject that would instruct them on methods just to instrumentalize the lesson. However, the experience with the subject allowed understanding the teaching-learning process as an object of study of this science, paradigms, lines of thought and the need for didactics in educational practice.

The experiences with the subject allowed understanding didactics beyond the methods of the disciplines. It could be seen as the synthesis of technical, human, political and social factors in which the pedagogical is included, providing subsidies for the most pedagogical educational practice and considering the multidimensionality

of the educational process. After all, it is known that, in order to rethink professors' education, it is necessary to consider their knowledge, the social context of their workplace and the close link between teaching and social practice⁽²⁰⁻²¹⁾.

Health education and educational practice requires dialogue with pedagogical practices⁽²¹⁾. However, most public and private universities, in their postgraduate courses, do not offer subjects with emphasis on pedagogical and didactic training, culminating in the training of professionals without the minimum knowledge of education theory (pedagogy) and teaching theory (didactics) to guide teaching practice⁽²²⁻²⁴⁾.

Thus, there is need for a collective mobilization for the institution of *stricto sensu* didactic-pedagogical training, since this space allows rise in teaching, in higher education, and should be used to raise awareness in professors in training about the quality and effectiveness of the teaching-learning process⁽²⁵⁾. In addition, ongoing or permanent education and meeting the circumstances of the social-historical and cultural context, for example, the use of new technologies in face-to-face or distance teaching (smartphone, notebook, virtual teaching platforms, among others), have been increasingly used in the different contexts of educational practices. It is certain that there are challenges to articulate the pedagogical dimension to the appropriate technological tools in health educational practices, in higher education teaching, as well as in other modalities⁽²¹⁻²⁴⁾.

Instrumental didactics restricted to the "pedagogical how to do" as one-dimensional needs to be overcome. There is need to construct and consolidate a fundamental didactics, which understands multidimensionality in the teaching and learning process and articulates the "how to do" to "what to do" and "why to do"⁽²⁾. Furthermore, this fundamental didactics is anchored in the relationship between theory and practice as inseparable, emphasizing the importance of the student's contact with different forms of approximation with the learning process⁽¹⁰⁾.

The understanding of the role of professors as mediators in the production of knowledge

and not as an absolute holder of knowledge also represents a challenge for public health professionals in the development of health educational practice. The importance of health professionals as educators is ratified, which should prioritize the applicability of educational practice as a fundamental instrument in qualified care, including the use of appropriate strategies and technologies to contribute to the care process and stimulate the empowerment of patients, family members and the community, providing health and prevention of diseases and complications⁽²⁶⁾.

Conclusion

The knowledge about the teaching-learning process produced in the classes of the Didactic subject allowed the rupture of the association of the subject with the instrumentalization of teaching techniques only and the understanding of the pedagogical process as multidimensional. In addition, it allowed the learning of the historical, social context and pedagogical trends of didactics, as well as allowed the understanding of the importance of class planning to guide the effective practice of teaching and the importance of linking theory and practice.

Didactics still represents a challenge for public health professionals. The training of students in *stricto sensu* postgraduate courses in collective health requires, in addition to the specific knowledge in the area, the knowledge of Didactics to support educational practice according to pedagogy. In this panorama, the understanding of didactics beyond the pedagogical “how to do” provides support for developing educational practices with meaning, oriented to the multidimensionality of the educational process and constitutes, therefore, a fundamental curricular component for Postgraduate studies in Collective Health.

The contact and acquisition of knowledge of pedagogical subjects, such as Didactics, by health professionals are fundamental during training, especially since teaching is one of the areas of activity of these professionals, besides

enabling personal, academic and professional development. For nursing, the teaching activity is a challenge, due to the absence of pedagogical subjects in most higher education institutions. Thus, it is noteworthy to introduce this subject in the syllabus of graduate and postgraduate courses in the health area.

Collaborations:

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2 – writing of the article and relevant critical review of the intellectual content: Hayla Nunes da Conceição, Mariana Rodrigues da Rocha, Haylla Simone Almeida Pacheco, Sara Ferreira Coelho, Hilda Maria Martins Bandeira and Maria do Socorro Leal Lopes;

3 – final approval of the version to be published: Hayla Nunes da Conceição, Mariana Rodrigues da Rocha, Haylla Simone Almeida Pacheco, Sara Ferreira Coelho, Hilda Maria Martins Bandeira and Maria do Socorro Leal Lopes.

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Received: July 6, 2020

Approved: August 13, 2020

Published: November 24, 2020



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