Commitment to Care for the Community and COVID-19: teaching-learning approach to medical education in primary health care in Brazil

Compromisso de Cuidar da Comunidade e COVID-19: abordagem ensino-aprendizagem da educação médica na atenção básica à saúde no Brasil

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ABSTRACT

The major challenge of the COVID-19 pandemic to all countries has been to their healthcare systems and how to face it with excellence. Medical education can contribute in a short period so that the health system responds effectively to the current challenges imposed by the pandemic. Political implications identification and action are important to show that they can convert ideas into realities. In the middle of the COVID-19 pandemic, literacy in individual, community, and population health is more important than ever. As knowledge about COVID-19 grows rapidly, so does the opportunity to shape more effective interprofessional educational practices. During this pandemic, interprofessional collaborative teams are more crucial than ever in health promotion, mainly at the Primary Health Care.

Keywords: Education, Medical, Coronavirus Infections, Education, Medical, Undergraduate, Primary Health Care.

RESUMO

O maior desafio da pandemia COVID-19 para todos os países tem sido seus sistemas de saúde e como enfrentá-la com excelência. A educação médica pode contribuir em um curto espaço de tempo para que o

sistema de saúde responda de forma eficaz aos desafios atuais impostos pela pandemia. A identificação e ação das implicações políticas são importantes para mostrar que podem converter ideias em realidades. No meio da pandemia COVID-19, a alfabetização na saúde individual, comunitária e populacional é mais importante do que nunca. À medida que o conhecimento sobre COVID-19 cresce rapidamente, também cresce a oportunidade de moldar práticas educacionais interprofissionais mais eficazes. Durante esta pandemia, as equipes colaborativas interprofissionais são mais cruciais do que nunca na promoção da saúde, principalmente na Atenção Básica.

Keywords: Educação Médica, Infecções por Coronavírus, Educação Médica, Graduação, Atenção primária à saúde.

1 INTRODUCTION

The coronavirus disease 2019 (COVID-19) pandemic is reaching on individuals, families, communities, and societies across the world. It has sent shock waves, generating uncertainty, fear, and questions about the role of the medical student during public health crises. The pandemic may serve as the greatest leveler of our time and teach us to recognize the fragility in all healthcare systems and is causing enormous changes in society and health care ¹.

Medical education can contribute in a short period so that the health system responds effectively to the current challenges imposed by the pandemic. Most medical schools across the world have started to rapidly transfer their curricula from face to face to online delivery using. Besides, medical students should spend the month in online training on infectious disease epidemiology, infectious disease control in high-risk settings, and response. ^{2,3}.

It is reported that time taken for the development of equivalent new knowledge was 50 years in 1950 which has reduced to 3.5 years in 2010 and is projected to be 73 days in 2030 ⁴. Medical schools have been working to transform pedagogy by eliminating/reducing lectures; using technology to replace/enhance anatomy and laboratories; implementing team-facilitated, active, and self-directed learning; and promoting individualized and interprofessional education ^{5,6}.

Medical education, today spans undergraduate, postgraduate, and the continuing professional development of established clinicians with a reputation for innovation in teaching and learning provision. This should be approached on the best evidence considering principles of Evidence-Based Medical Education (EBME) and using Competence-Based Medical Education (CBME) as a framework to convey the needed competencies ⁷. The highlight at CBME is that the proximity between classroom education and service-based vocational training is a differential that could ensure dynamism, integration between disciplines, professions, and emphasizes the longitudinal and permanent knowledge building aspect ⁸.

The major challenge of the COVID-19 pandemic to all countries has been to their healthcare systems and how to face it with excellence. This teaching and learning strategy are underpinned by the

overarching to recognize the importance of teaching in primary care. Studies show that contextual learning or more meaningful learning for medical students can be enhanced by early exposure to community settings ^{9,10}. World Health Organization (WHO) specifically describes variations of activities of primary health care exposure for medical students and lessons learned from many countries to approach the health needs of the people ¹¹.

In Brazil, the National Curriculum Guidelines call for medical education curricula to be committed to a Unified Health System (Sistema Único de Saúde – SUS). In undergraduate education involves the development of a framework of collaboration mechanisms between different disciplines, preferably as early ¹². Primary Health Care (PHC) services are provided by the Family Health Strategy (FHC) through a privileged teaching-learning context for the understanding of the population's health needs and the student to experience a set of actions associated to care ¹³.

This study has explored the considerations and the influencing teaching-learning in PHC for medical education to approach COVID-19.

2 IMPLEMENTING COMPETENCY-BASED MEDICAL EDUCATION IN PRIMARY HEALTH CARE IN THE FACE TO THE COVID-19

Lifelong medical students learning is a process involving assessing practice. Competency-based medical education is an outcome-based approach to the design, implementation, assessment, and evaluation of an educational program using an organized framework of competencies, which ultimately may lead to better care for patients ⁸. Given this, it can apply this knowledge and skills into practice and also consolidate competencies ¹⁴.

Political implications identification and action are important to show that they can convert ideas into realities. In the middle of the COVID-19 pandemic, literacy in individual, community and population health is more important than ever ^{15–19}. The organization of the effective health system for COVID-19 involves organizational health literacy in PHC reflecting a growing trend to consider health literacy at different levels. Moreover, Sentell et al. ²⁰ shows, in an editorial, across the levels of the socioecological model: individual (prevention, chronic care); interpersonal (social networks); organizational (health systems, workplaces, schools), larger community (tailoring for culture and context); and public policy. The authors also, consider a strategic perspective to achieve education for health literacy and equity examples from innovative practice in Canada across the lifespan.

The FHS is uniquely positioned to improve the health of patients and defend equity in health and the social well-being in response to the pandemic by equipping doctors with tools and resources to face the inequities. With a team together with the patient, an assessment, diagnosis, intervention, goal-setting,

and the creation of a care plan are carried out. The patient, their family, and caregivers are involved in any discussions about their condition, prognosis, and care plan ²¹.

Cooperation and relationship in the context of the organization of PHC services are a learning experience in the face of the COVID-19 pandemic. The PHC is essential to the effectiveness, fairness, rationality of care, and FHS carries this dual nature: the clinical care and health promotion/disease prevention ²². Organizational promotion in the PHC is fundamental so that it can influence personal health behaviors, family relationships, organizational actions, state policy, mortality statistics, and decision-making.

Medical students should help ensure the implementation of critical preventive policies and join teams that swiftly and aggressively respond to coronavirus infection that occurs. Despite this, the training should go beyond the search for diagnosis and intervention in the illness process and adapt to the health needs of people and populations, sectoral management and social control in health, adjusting the development of people's autonomy to the condition of influence in healthcare policy formulation ²³. Evermore critical is the concern for health equity before the COVID-19 pandemic. The most profound consequences of the decision made in this health crisis are expected to fall hardest on the most disadvantaged populations ^{24,25}.

3 LIFELONG MEDICAL STUDENTS LEARNING IN PRACTICE: INTERPROFESSIONAL EXPERIENCES AND EMPOWERING COMMUNITIES

As knowledge about COVID-19 grows rapidly, so does the opportunity to shape more effective interprofessional educational practices. Centering transformation in academic primary care practices interprofessional creates an explicit link between clinical and educational redesign. Interprofessional education provides learners with opportunities to learn together with other professions to develop these attributes and skills, required for working collaboratively, and hence respond to needs especially those of community ²⁶. Taking advantage of these advances requires integrating insights across multiple fields from the doctor, biological, nurse, psychology, sociology, developmental, and learning sciences and connecting them to the knowledge of successful approaches that are emerging in education.

The Coronavirus causes cold-like symptoms, which can include a fever, coughing, and respiratory problems. In severe cases, people are hospitalized and appears to pose a particular risk for elderly people and those with pre-existing illnesses ²⁷. Slowing the transmission of COVID-19 and protecting communities, and this requires everyone adopting individual protection measures such as washing hands, avoiding touching their face, practicing good respiratory etiquette ²⁸.

The primary care engages a diverse and rich range of professionals, organizations, and sectors. The WHO, in its proposed 'Five Star Doctor', emphasizes the need for a good communicator to be one of the essential competencies of graduating students ²⁹. While all of these have particular roles, knowledge, and skills, there is recognition of the need for professionals within primary care to better collaborate ^{30,31}.

During this pandemic, interprofessional collaborative teams are more crucial than ever in health promotion. Reflecting on this situation, Van den Broucke ³², remind that health promotion can be more important than ever in this crisis moment, community engagement can make a substantial difference in health outcomes and that health promotion researchers and practitioners develop a keen interest in infectious diseases ³².

Yet, at a time like this, creative models and effective collaborative practice in community-based care and the PHC need to be encouraged to ensure the education of health professionals in the face of health promotion for COVID-19. In a team, identify and define goals, and assume joint responsibility for actions to accomplish the goals. The WHO and others have repeatedly stressed the need for interprofessional education and practice as a way to not only improve the quality of care for patients, families, and communities but also for global health populations ³³.

In Brazil, PHS and teaching-service integration understood through the combined work of students, teachers, and workers in a practice setting has as its goals excellency in professional training and quality of the work in health ³⁴. This integration must take on common meanings and the resulting experiences must produce a gain for both institutions in the face of the COVID19 pandemic, which implies alignment of needs and potentialities.

This results in health promotion, the most essential component of any medical professional and team PHS. Reflecting on medical education, in Brazil, medical schools, since 2014, are performing curricular changes. The article by Peixoto et al. ³⁵, gives information on the Teaching, Service and Community Integration Practices (PIESC), it includes the development of medical education and delineates practices with communities, families, and people based on their vulnerabilities and care and the FHS. Considers which aspect of PIESC work presents new perspectives and potentialities based on strengthening the professionals and on expanding the interdisciplinary work ³⁵.

Since the COVID-19 establishment worldwide as a pandemic there have been plenty of changes in all social fields, mainly on health services. Moreover, this is a much different experienced situation in the past hundred years when talking about infectious diseases. Furthermore, this global scenario directly implies in medical education and other health graduation courses (as nursing, physiotherapist, dentistry, and pharmaceuticals) due to limitation of practice actuation and also the shortage of individual protection equipment.

Thereby, it is important to enhance the practical knowledge of medical students to feel more capable to assess patients with infectious diseases with all self-protection. Moreover, develop quality medical education and delineate practices involving all population fields (socioeconomic, health, among others).

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