Active methodologies as a tool for training...
INTRODUCTION

It is understood that the difficulties those involve the traditional process of teaching require, increasingly, transformations related to the teaching-learning process since the traditional teaching models take the apprentice to a posture almost always passive, i.e., without the opportunity to demonstrate their opinions, interests and to pass on their knowledge within a mutual exchange of knowledge between faculty and students.1-2

It shows that, in this sense, that the teaching-learning process in the training of health professionals makes them capable of recognizing the changes in society, but without a critical vision of reality. It shows that to act in the most diverse scenarios of the Unified Health System (SUS), the educational institutions are challenged to form critical and reflective professionals, capable of understanding the different demands of users, families and communities, as well as to intervene in social determinants that interfere in the quality of life of the population.3-4

It is known that the teaching techniques are as important as the content to be taught. Report to the traditional teaching strategies comprise a theoretical scope not only in the area of education, but of a whole intellectual climate that seeks its enhancement through new methods of teaching-learning process.5

It becomes relevant, by the transformations clinicians in the mental health field, the training of professionals in Primary Health Care (PHC) to act in accordance with current policies in mental health, among which stands out the National Policy of Harm Reduction (PNRD) regarding forms of management and strategies in the care to users dependent on chemicals. Note that the use of active methodologies becomes a useful tool and necessary.6

Allows, by continuing education for health professionals, the acquisition of knowledge, knowledge and practices, which provide a quality approach, interdisciplinary and integral to people who have problems related to chemical dependence. Longs with setting up strategies for the modification of the scenario experienced in the SUS and the intersectoral network for innovative actions that incorporate theoretical elements aligned with the everyday practices in the face of fighting priorities in health care.7-8

Announces, in this perspective, the active methodology, which has, as a theoretical principle, autonomy, considers the culture, knowledge and responsibility in the learning process.3 It is understood as an innovative methodology for the subjects involved, to the extent that aims the protagonism in the process of training, stimulates, also, the active participation in the dynamic process of knowledge construction, assessment and resolution of problems.4

It can be inferred that, while the traditional method prioritizes the transmission of information and has its centrality in the figure of the professor, the active method, the students occupying the center of educational actions and knowledge is built collaboratively. Opposes the traditional method, in which the students have a passive attitude of reception of theories, the active method proposes the reverse movement, i.e., they are to be understood as historical subjects and, therefore, assume an active role in learning tour which have their experiences, knowledge and opinions valued as a starting point for the construction of knowledge.9

Underlie the active methodologies, in the field of professional training in health, in two approaches: problematizadoras problematización pedagogy and problem based learning. It is perceived that with the implementation of the same implies facing multiple challenges, from structural (academic and administrative organization of the institutions and courses) to pedagogical conceptions (beliefs, values and ways of doing) of students and teachers. It is believed to be necessary that there are new levels of organization and production of knowledge in connection with the challenges of practice and with the struggles that emerge in different social fields.10

It adds up, with respect to mental health care, that the training of professionals in this context deserves to be continuous and allied to the routine of services since, for the proper management, there is a need of acquired knowledge in practice.7 It is emphasized in the process of training by means of active methodologies, problematizing education, centered on the apprentice, which builds your knowledge in an active manner by means of new approaches to teaching in which the teacher becomes a facilitator of the process.11

It is of paramount importance to the development of new techniques in the teaching-learning process as an innovative and relevant for the continuing education of health professionals.

OBJECTIVE

• To analyze the use of active methodologies as a strategy for teaching and
learning in a training course on drugs and harm reduction for workers in the PHC.

METHOD

It is a qualitative study and the analytical process developed in a Basic Health Unit (BHU) located in the municipality of Teresina - PI, Brazil. It is reported that the qualitative methodology explores more adequately the issues relating to the collective, especially when the perceptions of people, in general, on a given subject, are the object of study. Show that the subject of qualitative study are people of certain social conditions, belonging to certain social groups, with their beliefs, values and meanings. Indicates that the object is complex, contradictory, unfinished and in permanent transformation.

This study was developed based on practices experienced by students of the Nursing Graduate Program at the Federal University of Piauí (PPGEEnf/ UFPI) that oportunizaram the experience of knowledges and experiences in mental health linked to healthcare practice in the field of basic care and the use of active methodologies for professional update.

It stands out, through the approximation with the community restricted to BHU, the purpose of raising the perception of professionals about the policy of harm reduction that was possible to identify the weakness in mental health care users chemical dependents met. Arose the need for the completion of the Update Course on Drugs and Harm Reduction for workers of Basic Care to abolish the main difficulties in handling and in directing actions for intervention and treatment.

Presented and elaborated, in this way, to formalize and certify the course, the management of health of the State Health Department of Piauí (SESAPI), a project having as scope to qualify the professionals of the FHS in the context of the policy of Harm Reduction to facilitate the process of recognition and intervention in the care of the user of alcohol and other drugs in mental health.

It was used during the completion of the course, with hourly load of 60 hours/classroom distributed in eight times, active methods whose pedagogical approach was the inclusion of strategies of Problem Based Learning (PBL) or problematizações. It should be emphasized, the teaching-learning process had as reference the constructivist spiral, because translated the relevance of different educational steps with articulated movements that retro-fed.

Thus interacted with twelve health professionals. Became involved three steps: completion of the course; evaluating the knowledge of the health care professional about the policy of harm reduction before and after its participation in the course and course assessment.

It is performed for the data collection, structured interviews with previously elaborated guide, to trace a brief profile of the professionals: age, gender, training, occupation and participation in refresher courses in mental health. Considers that the roadmap contained guiding questions that addressed the following aspects: vision about the policy of harm reduction before and after their participation in the course in Update on Harm Reduction in Basic Care; the encouragement of active methodologies in the teaching-learning process; activities of prominence; contributions in the course and course assessment. It is emphasized that the data analysis was performed with the use of the symbol (Sx) for the identification of speech.

Please note that this study is part of a research project perception of professionals of the Family Health Strategy in the context of the policy of harm reduction approved by the Committee for Ethics in Research (CEP) of UFPI, by means of the opinion Paragraph 2,404.140, on 28th November 2017.

It should be emphasized that all participants signed the Informed Consent Form (ICF) in accordance with the determined by Resolution 466/2012 regarding research involving human beings. The interviews were conducted during the course as part of the interventions that occurred during the period from February to March 2018.

RESULTS

There were interviewed 12 health professionals: a doctor, a nurse, two nursing techniques, a dentist, a technician in oral health and six community health agents (CHAs).

It is evident, in relation to the policy of harm reduction adopted by the Ministry of Health by means of Decree 1028/2005, which the team’s knowledge of the PHC on this health policy before the training, by means of active methodology, was very incipient.

Previously, I did not know of the existence of this policy, so I don’t have a vision before the course because I didn’t know her. (S1)

Before participation in the course, I had no idea about the existence of the policy itself,
how it worked, we saw other aspects, but not how we can realize during the upgrade. And, after the course, the vision changed because we had the opportunity to see examples of people who have worked in practice. (S5)

Before, I only had the information from the reading and, when we do the course, we come to understand how the community health agents and other professionals make to face the daily challenge with users. (S8)

My vision and knowledge about RD policy was somewhat limited, because it's something that we haven't studied during graduation and we ended up acquiring expertise and knowledge about it. (S12)

It turns out that, among the professionals who participated in the survey, only one interviewee considered the traditional method of teaching as being the best. It should be noted that only two CHA reported having participated in Update Course on mental health with approach in harm reduction, however, without the use of active methodologies. It can be observed that the majority of the participants did not know the type of methodology adopted for the completion of the course. Argues that, as the favoring the use of active methodologies in learning, a good part of the answers analyzed was related to critical thinking and to the construction of competences of communication.

Causes, in this process, participants will reflect on the subject. (S1)

Using Active methodologies, you can work different points of that issue and that issue that you want to show to people. (S3)

We shared our experiences with other professionals and, subsequently, was addressed the theoretical part. (S7)

The use of methodologies encourages us to greater and more comprehensive reflection involving scientific and empirical knowledge, experiences, emotions, providing greater fixation and understanding of the theme. (S10)

Included among the strategies adopted in the context of active methodologies, dynamic, with the use of Team Based Learning (TBL), as proposed induce participants to advance preparation on a theme for the planned activities, in addition to the realisation of a situational diagnosis on the territory and their vulnerabilities. It was used of the dramatisation, through play, and a visit to the territory in which the BHU was situated. Proved to be those activities that a good part of the professionals if placed in a situation in which the user could find, which contributes to a better understanding for taking appropriate decision.

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Had some dynamics that had the purpose to put in place of a user and, from this, it has been shown that we also have our vices and not only them. (S2)

I really liked the exchange of experiences that they will telling the stories and understanding and trying to experience what they are reporting. (S4)

The play or drama which portrayed the reality of daily life in our community. (S6)

I really enjoyed the interactions with other professionals, their experiences and views on the issues discussed during the course. (S9)

It has expressed by some professionals, the idea that the continuing training should be offered indicating that it is necessary to holding training courses for all those involved in the educational process aiming to form a professional active and prepared.

Alluded to concerning the contribution that training in harm reduction in basic care about the approach of active methodologies brought to health professionals, the broad knowledge gained at the expense of the theme and the opportunity to change of attitude in the face of users and their family.

I believe I could broaden my look about harm reduction, because I had a lot of theoretical knowledge. (S3)

Every day, we learn more, it brings more knowledge providing improvements to the basic attention. (S6)

While health professional, the course provided, plus a change in sight to drug users, closer to their families who were on the drive. (S10)

Increased my perception that basic care has to seek strategies to apply in your daily work, the reduction of Damages in order to approach our users to this statement. (S11)

It is said, by the professionals, who, with the active teaching methodology to approach the theme, they arrive with a concept and this is discussed in depth and to become significant. It is noted that make a correlation between theory and practice, providing that they have more interest in seeking ever more and rethink to see what they can change in practice. Attentive, in what concerns the general assessment of course, this was positive and some speeches have demonstrated that the active methodologies were very well applied, related to the topic in question, as well as added the shared knowledge.

I thought he had a very good contribution, mainly for the exchange of experiences with professionals in the Family Health Strategy. (S5)
Alerts you that the primary attention to health, considered the main mechanism of reorganization of the health care system, is preferably represented by the Family Health Strategy (FHS), which assigns the challenge of breaking with the traditional logic of health assistance for the care is based on the family and the social context. We emphasize that the difficulties of professionals regarding the management of situations that involve chemical dependence have proven that the practices and actions of prevention and treatment, practically, inexistent, due to the lack of skills for the provision of care for the users, so that the attitude of the staff is limited to referrals to specialized services.

It follows that, in light of the results, the knowledge of the team of the APS on the policy of harm reduction was incipient. It reinforces the importance of communication as a methodological instrument for education in the measure in which to be, phenomenologically, permanent social interaction, offers itself as a channel to be used for the collective representation or social manifests and expresses meaning.

Refers to the policy of reducing damage to the set of strategies aimed at social support to marginalized populations, and the minimisation of risks and harms associated with drug use. Recommend actions as the exchange of used needles and syringes for other new and sterile and should be conducted in an integrated manner, including the provision of treatment for dependence and clinical diseases, vaccination and distribution of educational materials, condoms and kits for safer injection.

It says that the acquisition of knowledge is directly related with the permanent social interaction and this is done through the decoding of social knowledge. It turns out that the decoding of social knowledge through processes of permanent interaction. Show that the active teaching methodologies represent means aimed to facilitate the supply of resources and understanding for society on the creation, use and processing of knowledge.

It is proposed, for favoring the use of active methodologies in learning, actions that trigger the development of critical and reflective capacity. Please note that this is potentiated by the use of contextualized situations as disparadoras of learning by the confrontation between the previous knowledge and the scientific evidence and by problematizing approach, whereas the understanding of the methodology, the willingness to dialog and respect for diversity.

We need, on the basis of explicit, that teachers focus on the role of the students in order to foster motivation and promote the autonomy of these. Stresses that attitudes such as classrooms listening to learners, valuing their opinions, exercising the empathy, respond to questions, encourage them, among others, are in favor of the motivation and creating an environment conducive to learning.

Participates, in the division of professionals in teams, as an active teaching strategies, organization of communities that represent areas of opportunity for learning focused on exchanges of experiences and the construction of new knowledges to the understanding of certain phenomena and the application of knowledge.

It should be emphasized that, as an integral part of this participatory process, the educator is dedicated to the activity and creates conditions for the development of practices desirable either individually, either from the point of view of human grouping. Reaffirms that from the observation of professional practices, the reflective conversation that occurs during the action along with other participants or colleagues is the center of a reflection on the reflective practice and these conversations can collaborate and contribute to decision-making, the understanding and the exchange of knowledge and experiences.

It is clear that, among the various proposals for active methodologies, the problematization before the situational diagnosis has been widely used as a strategy for teaching, learning and assessment, to anchor in the pedagogical concept that stimulates the participation of developing learner autonomy and the understanding of individual and collective responsibility in the learning process. It describes that, when the health professional notes, recognizes and
Identifies the problem, he is interested in him, the scans, reflecting and relating with its history.19

Enabled, with the visit to the territory, for example, the identification of spaces that constitute networks of support and recognition of vulnerabilities. It shows that the theatrical provided the interaction of participants in front of the topic of drugs with reports of family experiences with drug users. Note that the dynamics allowed debates concerning various relations of dependence and autonomy concerning persons and to numerous situations experienced.20

It also requires, for the construction of the problem situation, a zoomed view of the subjects to be studied considering different aspects of health-disease process more prevalent in national epidemiological profile, with emphasis in their region of operations, in order to identify the biopsychosocial dimensions of individuals.21

Edifies; therefore, the construction of knowledge from the search for explanations and/or understanding of the situation given by interactions between individuals. It is reported that, as part of this, there is the recognition that common knowledge, community or collective will become over time, which leads to the fixing of arrays of action, operation, affirmation and explanation of reality.14

Encourages Member if, taking as a reference the active methodologies are devised from teaching strategies based on critical-reflexive pedagogical conception, from a performance in real-life contexts and intervening on the reality in order to stimulate the interaction between the various actors, valuing the collective construction of knowledge in its different forms of knowledge and learning scenarios. It is defined as a consequence, the practices and pedagogical strategies should stimulate creativity in building solutions to real life problems, thus promoting the freedom to think and act.19

You must appreciate, in addition, in obtaining any speech, freedom to speak, think and argue deponents, since the knowledge about the content of the thinking of individuals has a relationship with its existence and expresses the dynamics of the acquired knowledge.14

You define, through educational actions developed during the course, teaching strategies in which the learner is the main subject of the teaching-learning process. It is reported that the active methodologies are founded on the idea that learning should be a dynamic process that happens in the interaction, as well as are interpreted as educational tools that seek the plurality of methods of teaching and the permanent construction of knowledge.22

Must bring, by continuing formation, necessary and constantly, the processes of critical reflections, conscious and plurals on teaching practice. It should be emphasized; however, that cannot be restricted to participation in courses possible, but needs to cover training programs, supervision and evaluation to be conducted in an integrated way and permanent.10

We need to analyze the process of teaching and learning to be adequately understood in such a way that consistently articulate the human dimensions, technical and political-social. Indicate that the active methodologies have the potential to awaken the curiosity to the extent that the professionals are inserted in the theorization and bring new elements not yet considered. It is known that for overcoming challenges, the resolution of problems and the construction of new knowledge from previous experiences, this type of methodology was needed to boost the learning.18

Focused, for such evaluation, the analysis of the development of educational actions, the teaching-learning process and the performance of educators. Defines that the proposal of an innovative pedagogical practice is the starting point for the unknown. It is understood that the collective reflection, dialog, the recognition of the context and new perspectives are the basis for the reconstruction of new paths in the search for the comprehensiveness of theory and practice.23 It configures itself as a permanent activity and critical-reflexive for the monitoring of the teaching-learning process in educational actions.24

**CONCLUSION**

It is concluded that the active methodologies sought to underpin the process of learning, dynamic and creative way, beyond the limits of educational strategies proposed by teaching considered traditional. It should be emphasized that unlike the traditional teaching method, the active method has its focus on the process of learning and not in education, which led the professionals to learn through real or simulated experiences that led them to solve problems commensurate to its reality. Put yourself in the face of problems, the health professional has to mobilize themselves to understand them. To do so, you will need to
seek information and solutions, which will contribute to the development of their autonomy.

It was evidenced, also, the construction of knowledge concerning the issue of Harm Reduction by means of the articulation of a context problematizing, subsidized by educational actions that valued the experiences lived through the previous knowledge of each participant. There was a need for change in professional practice regarding the understanding of the pedagogical process and the intentionality of the managers of the local instance while the health care project linked to proposals for completeness, in addition to the primary attention to health is also space of training of health professionals, i.e., the professionals in need of a project for their constant training in conjunction with a proposal for a service project.

Results this method of teaching in the reflection of the professionals of the FHS facing the themes discussed during the eight meetings, contributing to the denaturalization of prejudices that involve users of alcohol and other drugs. Affirm that the active methodologies showed itself as a viable and effective teaching strategy to discuss the use of drugs and, in particular, Harm Reduction in Basic Care and as facilitator in the teaching-learning process.

It is emphasized that the active methodologies favored the learning process, team work and the ethical stance collaborative, and committed to the needs of society. Realize that all educational actions developed aimed to deepen, so critical and reflexive, knowledge scientifically produced in the area of health focused on the problem of drugs. It should be emphasized that, in relation to nursing professionals, the methodology used in the approach of the course favored the approach of theory and practice and demanded, professionals, a critical vision with the aim to work with the real problems found in the services.

REFERENCES


