Distance learning strategies for interprofessional health education in the face of the COVID-19 pandemic

Estratégias de ensino à distância para a educação interprofissional em Saúde frente à pandemia COVID-19

Estrategias de aprendizaje a distancia para la educación sanitaria interprofesional ante la pandemia de COVID-19

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RESUMO

Objetivo: Relatar as experiências de trabalho remoto e EaD de um grupo do PET-Saúde Interprofissionalidade na pandemia. **Método:** Trata-se de um relato de experiência das atividades realizadas por um grupo do PET-Saúde, vinculado a Universidade Estadual de Feira de Santana (UEFS) e ao Centro de Atendimento ao Diabético e Hipertenso (CADH), de março a junho de 2020. As atividades presenciais na UEFS e no CADH foram substituídas por atividades remotas e EaD. A metodologia utilizada envolveu a incorporação de ferramentas virtuais em: 1) Seminários e cursos EaD; 2) Estabelecimento de estratégias de inovação para atuação em saúde; 3) Construção de materiais de Educação em Saúde. **Resultados:** As ferramentas educacionais virtuais permitiram a realização de um trabalho inovador, focado na formação inicial e continuada de alunos, professores e profissionais de saúde. Mudanças no fluxo dos pacientes, produção de cartilha e artigos também foram atividades desenvolvidas. **Conclusão:** O uso de plataformas virtuais e EaD favoreceram o planejamento de ações, proporcionando ganho de conhecimento individual e coletivo, permitindo alterações no serviço, orientação dos pacientes e produção científica. **Descritores:** Pandemia; Coronavírus; Tecnologia de Informação.

ABSTRACT

Objective: To report the experiences of remote work and distance education of a group from PET-Saúde Interprofessionality in the pandemic. **Method:** This is an experience report of the activities developed by a group from PET-Saúde, linked to the State University of Feira de Santana (UEFS) and the Diabetic and Hypertensive Care Center (CADH), from March to June of 2020. Face-to-face activities at UEFS and CADH have been replaced by remote and distance learning activities. The methodology used involved the incorporation of virtual tools in: 1) Seminars and distance education courses; 2) Establishment of innovation strategies for health activities; 3) Construction of Health Education materials. **Results:** The virtual educational tools allowed the realization of an innovative work, focused on the initial and continuous training of students, teachers and health professionals. Changes in the flow of patients, production of booklets and articles were also developed. **Conclusion:** The use of virtual platforms and distance education favored the planning of actions, providing gain of individual and collective knowledge, allowing changes in the service, guidance of patients and scientific production.

Descriptors: Pandemic; Coronavírus; Information Technology.

RESUMEN

Objetivo: Describir las experiencias de trabajo remoto y AD de un grupo del Programa PET-Salud Interprofesional en la pandemia de Covid-19. **Método:** Este es un reporte de experiencia de las actividades realizadas por un grupo del Program PET-Salud, vinculado a la Universidad Estatal de Feira de Santana (UEFS) y Centro de Servicio a los Diabéticos e Hipertensos (CADH), de marzo a junio de 2020. Las actividades presenciales en UEFS y en el CADH han sido reemplazadas por actividades remotas y AD. La metodología utilizada implicó la incorporación de herramientas virtuales en: 1) seminarios y cursos de AD; 2) Establecimiento de estrategias de innovación para actividades de salud; y 3) Construcción de materiales de educación sanitaria. **Resultados:** Las herramientas educativas virtuales permitieron la realización de un trabajo innovador, enfocado en la formación inicial y continua de estudiantes, docentes y profesionales de la salud. Además, se desarrollaron cambios en el flujo de pacientes, producción de folletos y artículos. **Conclusión:** El uso de plataformas virtuales y el AD favorecieran la planificación de acciones, aportando conocimiento individual y colectivo, además de permitir cambios en el servicio, orientación de pacientes y producción científica

Descriptores: Pandemia; Coronavírus; Tecnolologia de la Información.

Introduction

The Covid-19 pandemic has brought immense challenges for all sectors, in Brazil and worldwide. SARS-CoV-2 is the new coronavirus identified on December 31, 2019 as the etiologic agent of the disease caused by Covid-19, described in Wuhan, China.¹ COVID-19 arrived in Latin America on February 25, 2020, when the Brazilian Ministry of Health confirmed the first case of the disease.²

As of May 16, 2020, Brazil had 923,556 confirmed cases of COVID-19 and 45,249 deaths. Meanwhile, there was an increase in the number of cases and deaths in the world, reaching 7,976,229 people infected with 434,970 deaths.³

As a result of the emergency scenario facing society, global cooperation and solidarity was sought to stop the virus from spreading from social isolation. According to the Ministry of Health⁴, isolation is defined as the action that aims to separate symptomatic or asymptomatic people, in clinical and laboratory investigation, in order to contain viral spread and local transmission. Thus, in an attempt to reduce the widespread spread of the new Coronavirus, measures of social distance have been adopted by countries, and it is not yet known exactly when they will no longer be needed.¹

According to the United Nations Educational, Scientific and Cultural Organization (Unesco), more than 1.3 billion students from around the world are being affected by the closure of schools and universities due to the social isolation necessary to combat the pandemic. This number represents about 80% of the world's student population. In addition, more than 60 million teachers are also unable to work in person in classrooms.⁵

Given the seriousness of the current situation, many countries have started to implement distance learning modalities, including courses on digital platforms. However, these modalities are not guaranteed across the region, and not all families have access to them, especially the most vulnerable.⁵ In this perspective, a recent study in the literature highlights that facing the epidemic must consider the reality of countries with great socioeconomic inequalities and their correlation with the disease.⁶ In this perspective, it is worth mentioning that the high prevalence of diseases such as hypertension, diabetes, dyslipidemia, and the low socioeconomic and educational status strongly influence the control and outcome of the disease.

In fact, the changes in the population morbidity and mortality profile and the increase in the number of cases made coping with the new coronavirus one of the great challenges of the Unified Health System (SUS).⁷ The scientific literature emphasizes that teamwork is necessary and constitutes one of the strategic components of coping with the increasing complexity, both in terms of health needs that require an expanded and contextualized approach, as well as in the organization of services and network health care systems.⁸

As previously reported, among the measures aimed at containing the disease in the population, the temporary suspension of face-to-face classes has been adopted in several countries, in an attempt to reduce the risk of contagion and proliferation of the virus among teachers and students, requiring the adequacy of the education system to this new reality. In Brazil, numerous public and private educational institutions had their face-to-face activities suspended in compliance with Ordinance No. 343, of March 17, 2020⁴ and Provisional Measure No. 934, of April 1, 2020⁹, replaced face-to-face classes

with classes in digital media. and started to use distance activities to continue the school year.¹⁰

This closure of basic schools and higher education institutions brought an unprecedented challenge to world education. Therefore, in order to maintain the relationship between students, teachers, and try to minimize the damage in teaching, many institutions around the world are being forced to implement and innovate their virtual learning methodologies.¹¹ It is worth mentioning that the suspensions of face-to-face activities were also extended to research and extension activities, among them those linked to the Interprofessional Education through Work for Health Program (PET-Saúde)¹², thus requiring new educational strategies, tools and practices to be adopted for the maintenance of teaching-learning activities in the context of Interprofessional Education (IPE) in Health during the period of social isolation in the face of the pandemic.

In view of the urgency imposed by the challenges of the dissemination of COVID-19, it is important to develop short-term solutions and strategies, enabling a teaching-learning network, within the scope of EIP. In this context, in the present work, the activities developed in conjunction with the team of the tutorial group 4 PET Saúde / Intreprofessionality add new pedagogical concepts supported from a perspective of the three academic aspects, teaching, research and extension. A fundamental articulation for the University's role of serving the community to be strengthened through the partnership with the Basic Health Units (UBS). In this context, innovative methodologies were implemented, based on distance learning strategies focusing on initial and continuing education for students and health professionals, which were carried out during the first four initial months since the installation of the pandemic by Covid-19.

In this sense, the objective of this study was to report the experiences of a tutorial group from PET-Saúde Interprofessionality, with regard to the application of innovative pedagogical practices, with a focus on distance health teaching, based on guidelines for coping and controlling health. spread of COVID-19.

Method

This is an experience report, described through a qualitative approach, addressing the theme from descriptive and observational methods, experienced by a tutorial group from the PET-Health Interprofessional Extension Program linked to the Dean of Extension (PROEX) of the UEFS of the State University of Feira de Santana (UEFS, Registration number PROEX CONSEPE 53/2020, in face of the pandemic by COVID- 19. According to the Interministerial Ordinance No. 421, of March 3, 2010, the program is based on the assumption education through work, configuring itself as a tool that seeks to qualify the work of health professionals, as well as to bring undergraduate students of health courses closer to the different scenarios of SUS practices.

The methodology developed in the present work was applied and experienced by the tutorial group working at the Diabetic and Hypertensive Care Center of Feira de Santana (CADH) linked to the Municipal Secretariat of Feira de Santana (SMS), Bahia / Brazil. From the perspective of the EIP, this group is composed of six (n = 6) students regularly enrolled in the Pharmacy (n

= 2), Medicine (n = 2) and Dentistry (n = 2) courses at UEFS, as well as with the participation two (2) teachers (Tutors) from the institution's Medicine course, with a Bachelor's degree in Dentistry and Physiotherapy, respectively, and five (n = 5) health preceptors linked to the CADH.

During the months of March to June 2020, the face-to-face activities developed by the PET group in the practice scenario (CADH), as well as in the UEFS, were suspended. Thus, based on the guidelines for social distance, remote academic-scientific activities involving remote work and distance learning were incorporated, enabling the continuity of interprofessional teamwork.

Despite the interruption of face-to-face activities due to the pandemic, the tutorial group 4 PET Saúde / Interprofessional UEFS intensified its efforts to mitigate the discontinuity of the proposed activities by introducing remote work and distance learning. To this end, the methodology used to develop activities with the PET Saúde team, in a period of social distance, involved the use of different virtual tools (Chart 01), allowing the development of several actions, which were integrated in three interconnected stages, as described below:

Stage 1: Virtual seminars and distance education courses: members of tutorial group 4 of PET Saúde-UEFS, including students, health professionals (tutors) and teachers of the UEFS Medicine course (tutors) participated in several pedagogical training activities focusing on Interprofessional Education in Health, using Active Teaching Methodologies, as well as the theme COVID-19. In this context, focusing on the initial and continuing education of students, teachers and health professionals, the members of the tutorial group 4 participated in reading rounds with the use of various scientific articles and virtual seminars (Webinars), as well as taking online courses in short and medium duration.

Stage 2: Establishment of innovation strategies in the field of health: Through the holding of virtual meetings, the PET Saúde Interprofessional team continued the dialogues with the coordination of the CADH. In this context, based on the local situational diagnosis carried out by the team previously13 and the theoretical knowledge acquired during the training activities (step 1), the tutorial group 4 established, together with the coordination of the CADH, the needs for changes in the flow of care, a since the target audience of the service are hypertensive and diabetic patients, a risk group for COVID -19. As a product of this initiative, a Standard Operating Procedure (SOP) was built to guide the flow of these patients in the service during the pandemic.

Stage 3: Construction of Health Education pedagogical materials: through virtual meetings and remote work (home office), tutorial group 4 worked on the construction of educational material for the community. In this context, with the objective of guiding the target public of the ACHR, the team worked remotely on the creation of a booklet to be distributed to patients and family

members, containing clarifications about the pandemic (concepts, symptoms, modes of transmission, guidance on use medicines and hand hygiene, masks and food, as well as useful telephones from the municipal network.

Chart 1- Virtual tools used by group	o 04, enabling integrated work during the			
initial four months of the COVID-19 pandemic.				

Virtual tools	Objectives
Institutional email and group formation on whatsapp	Dialogue tools for direct contact of the tutorial group 4, enabling contact between students, teachers and health professionals.
Virtual room at "Google meet"	Hangouts Meet, a Google application, was used to hold meetings and / or scheduled events, thus helping in the programming and organization of team activities during the distance learning period.
Shared form in "Google Docs"	For the writing of scientific articles, documents were created and shared. The online text editor DOCs was a very useful tool for web writing, enabling virtual teamwork, culminating in the production of scientific articles and an educational booklet.
"Google drive" platform - Virtual Library	A repository was created with the objective of sharing various teaching materials, including scientific articles and handouts. In addition, this platform was also used to attach educational materials and scientific dissemination articles built by the team.
Virtual Learning Environment (AVA) and the Modular Object Oriented Dynamic Learning Environment (Moodle)	The team was given opportunities to participate in training and health update courses using various virtual teaching-learning environments, including AVA and Moodle.
Synchronous (lives) and asynchronous (videos) activities on the YouTube channel	The tutorial team was encouraged to participate in activities through the use of YouTube videos as a pedagogical tool to enrich the teaching-learning process.

All the actions developed in the present work were implemented with a focus on the initial and continuing education of students and health professionals, as well as on the development of health care innovation strategies. Thus, during the initial isolation period, it was possible to comply with the 32-hour monthly workload, as recommended by the Ministry of Health within the scope of PET- Health Interprofessionality.¹²

Results

In the present work, following the protocols of social isolation adopted in different educational institutions in the country and in the world, immediately at the beginning of the pandemic in Brazil, the group 4 of PET-Health Interprofessionality UEFS had its face-to-face activities suspended in the practice scenario and at the University. This protective measure was adopted with the objective of reducing the risk of contagion among the PET Saúde team (tutors, tutors and students) and also for the protection of users, family members and health professionals working in this scenario.

Considering that the CADH serves patients in the risk group for complications related to COVID-19, such as diabetes and hypertension, being mostly elderly people¹⁵, the temporary suspension of activities in the practice scenario was a relevant strategy, thus minimizing agglomerations in the ACHR and consequently preventing the spread of the new Coronavirus in the community. Thus, in order to prevent the discontinuity of activities proposed by the Extension Program, remote work and distance learning strategies were then introduced, through the use of several digital tools, which are duly detailed in Chart 1.

In addition, as we can see in Chart 2, to instrumentalize the group on the pandemic, two courses were taken: one of the SUS Virtual Learning Environment (AVASUS), entitled "Emerging respiratory viruses, including COVID-19", with a workload 4 am and another one from Fundação Oswaldo Cruz (FIOCRUZ), entitled "COVID-19: Management of infection caused by the new coronavirus", with a workload of 30 hours.

In addition, preceptors, tutors and fellows participated in the webinar "Interprofesional Care in health for the siglo XXI", offered by the Pan American Health Organization (PAHO) and the Webnário ProFACE-UEFS, which worked with the theme "Challenges for the use of methodologies" active in Higher Education ". Teachers also had the opportunity to participate in the "Training in Digital Technologies for Education" course offered by UEFS, through the Open University (UAB), using the Moodle platform as a virtual environment. These activities were essential for the continuity of the group's training activities, providing an important theoretical basis for mastering virtual teaching tools.

It is worth mentioning that as part of the pedagogical activities of the Training Course in Digital Technologies offered by UEFS, the team of the 4 PET Saúde UEFS tutorial group actively collaborated with the Academic Training and Contextualization of Educational Experiences Program (ProFACE) of the Undergraduate Dean's Office (PROGRAD) of UEFS in the planning and realization of the "Webnário ProFACE-UEFS entitled" The challenges for the use of Active Methodologies in Higher Education ". Such training activity was broadcast live on the YouTube channel on June 1, 2020 and its recording is available at https://www.youtube.com/watch?v=8F3lsW0DOwQ (accessed on June 18, 2020) . In this way, the team was able to participate in this training activity in a diversified manner, from its programming to its realization. It is worth mentioning that the team members participated in the activities in a diversified manner (synchronous and / or asynchronous), considering the work demands of each of the members of the tutorial group 4.

The virtual meetings, through the use of the "Google meet" platform, allowed the interprofessional work of the PET Saúde group, which involved the mutual dialogue between UEFS students and teachers and their interlocution with the health professionals linked to the scenario of practice. Thus, through the realization of systematized virtual meetings bringing the reflection on the need to implement changes in the flow of care of patients in the service, giving rise to the elaboration of a standard operating procedure (SOP) for screening them, considered risky for Covid-19 patients.

These meetings, associated with the group's home office, also resulted in the construction of educational material for users and family members of the service. It is worth mentioning that this task involved a mutual and integrated work of the entire team, which culminated in the production of an educational booklet in simple and effective language to assist the community in facing the pandemic. All of these reported activities are described in Chart 2.

Chart 2- Description of the pedagogical and technical activities carried out by group 04, in the initial four months of the COVID-19 pandemic. Feira de Santana, 2020.

Etapas	Objetivos	Produtos
1) Virtual seminars and distance education courses. Instrumentalize the group on the pandemic and the use of active methodologies and digital technologies in education.		AVASUS and Fiocruz online courses, through the AVA Platform;
	Instrumentalize the group on the	OPS Webinar;
	"Webnário ProFACE-UEFS entitled" The challenges for the use of Active Methodologies in Higher Education transmitted by the youtube channel;	
	Training in digital technologies for Education through the Moodle Platform.	
2) Establishment of	Promote dialogue	Group virtual meetings;
innovation strategies in the health field.	between the group and the group with the practice scenario.	Construction of POP to screen patients in the CADH during the pandemic;
		Publication of scientific article. ¹⁵
3) Construction of Health Education pedagogical materials	Produce educational material with guidance on COVID- 19 for users and family members.	Educational booklet designed to provide instructional support to CADH users and family members in the fight against COVID-19

Discussion

The COVID-19 pandemic scenario creates instability, but also opportunities for learning.¹¹ In this context, in the face of the pandemic, educational institutions, their managers and teaching, research and extension programs, including the team from the tutorial group 4 PET Saúde Interprofessionality UEFS had to (re) invent and adapt to the new teaching-learning, thus emerging the need to master new information and communication technologies (ICTs).

In the area of health, this change seems even more challenging, however necessary, since it is imperative to have a close look at this speed of technological innovations, which condition social transformations. It also reveals the greater need for reflection on the part of educators and that these reflections permeate in the new way of teaching: educating with a humanistic eye in contrast with a rationalist and objective aspect still present today.¹⁴

Faced with the coronavirus pandemic, it became necessary to introduce new methods of offering education to students in the health area, which had repercussions not only for teaching, but also for all research and extension projects developed in the academic environment. In this context, PET-Saúde Interprofessionality UEFS also had its face-to-face activities suspended at the University and in the practice scenario, in the case of group IV, the CADH. It is worth mentioning that the preceptors continued to work in this place, as they are among the professionals who work on the front line of facing the pandemic in the municipality of Feira de Santana, Bahia.

In Brazil, PET-Saúde / Interprofessionality stands out as a strategy to discuss IPE, enabling opportunities in which members of two or more professions learn "with", "about" and "with each other" to improve collaboration and quality care".¹⁵ In the present work, in order to guarantee the continued IPE of the tutorial group, even during the period of social isolation due to the pandemic, online teaching platforms were essential, both for the acquisition of knowledge, as well as for the courses taken, participation in conferences, and / or to carry out systematized meetings, enabling the interprofessional work of the team.

Thus, the use of different virtual teaching-learning platforms made it possible, in a strategic way, to carry out synchronous activities (virtual meetings, lives, chats, among others), as well as asynchronous ones, which evolved the availability of videos and diversified remote works. A recent study of the literature highlights the important current role of online education, which provides an innovative vision for health education.¹⁶ It is recommended to consider how these methods can be adapted to remotely provide the teaching of clinical skills and practices that would otherwise be developed during the practical internship in the field. In view of this scenario, it is important that teachers understand their role in this new context of the educational process, not only in the use of technologies, but allowing the resource used to include all students, in order to meet the specific educational needs of each one.

Not only during the period of social isolation by the pandemic, but previous studies by our research group already indicated that innovative learning methods, involving the use of digital platforms and games, can be used as tools to improve the quality of teaching in the classroom.¹⁷⁻¹⁸ In addition, the virtual tools proved to be pertinent to face different challenges,

including the student's lack of attendance to face-to-face classes and supervised internships.¹⁹ Thus, the use of existing virtual platforms and, sometimes, little used as educational tools, at the present time, they make it possible to shorten distances; access to classes, lectures and seminars; scientific productions; virtual congresses, offering a greater range of possibilities for participation in various activities.

The COVID-19 pandemic caused paradigm shifts that must be overcome by institutions in the health field, in the face of a new reality imposed by the pandemic, which generated changes in political, economic, cultural and social aspects worldwide. In the educational field, especially, this scenario requires changes in the work process. Given this, it is pertinent and at the same time challenging to bring to academic discussion the possibilities and challenges for the use of different educational approaches. Thus, with a view to readjusting health teaching methods, through the use of remote technologies as possibilities to meet the real need to continue teaching, research and extension activities in a non-face-to-face format.

In a perspective of providing flexible and virtual learning opportunities²⁰, it is believed that it is possible to continue with the methodology of the educational process with the support of technologies, in order to reduce the impacts or effects of social isolation in the training of thousands of students. This is a challenge, as it permeates a reflection on the care of distance learning in health courses.¹⁴ Furthermore, other challenges are imposed in this scenario, requiring robust planning by the proposing team to avoid an exacerbation of learning inequalities within and between education networks.¹¹

In view of the challenges involving the application of innovative pedagogical practices with a focus on initial and continuing education in health, the capacity of institutions to enable quality educational activities and that of students to have the structure and support necessary to absorb this material must be observed. , seeking to minimize the already high learning inequalities in Brazil.¹¹ Therefore, the tutorial group 4 of the PET Saúde UEFS team sought continuous dialogue with the team, seeking to minimize the impacts of the transition from face-to-face work to the distance learning environment.

Due to the pandemic situation, there was a need to implement changes in the norms and routines of the service in the CADH in order to adapt the infrastructure and the services, postponing the elective and prioritizing urgent and emergency care to maintain the continuity of the treatment of patients. and avoid crowding, which would make the environment unhealthy and a means of contagion for the coronavirus. To this end, a standard operating procedure (SOP) was developed in conjunction with group 4 of PET-Saúde Interprofessionality, thus adapting the risk screening flow of the service's patients during the pandemic period by Covid-19, with to reduce the possibility of contagion.

In addition, in order to contemplate the target public and family members of the CADH, it was necessary to work with health education, considering the scenario in which they are inserted, helping in the communication between professionals, patients, family and their caregivers.¹³ As a product of this work, it was elaborated a booklet aiming, in addition to the information about the pandemic, the justifications for the changes in the service routine, considering that the contemplated public is part of the risk group.

Thus, it is clear that maintaining the activities carried out by the program in this period was essential for the initial and continuing education of students, teachers and health professionals, mainly as a teaching-learning experience in facing Pandemic. In short, in the context of IPE, the use of virtual platforms positively impacted the teaching-learning process in health, enabling the interaction between teaching, service and community, even remotely.

Conclusion

In view of the current moment, remote activity and distance learning strategies were implemented by the tutorial group 4 of PET - Health Interprofessionality UEFS, thus seeking to continue the work developed by the tutorial group during the Covid-19 pandemic. The implementation of activities using virtual platforms were fundamental for planning the set of actions carried out, culminating in the gain of individual and collective knowledge; implementation of changes in the service routine and guidance to patients and families about the pandemic; in addition to encouraging scientific production and dissemination.

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