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EXPERIENCE REPORT

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Meaningful learning about child health policy: students' experience report

Aprendizagem significativa sobre política de saúde da criança: relato de experiência de estudantes

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ABSTRACT

Introduction: Active learning methods have gained increasing relevance, promoting improved interpersonal relationships and closer ties with professional practice. This article aims to report the experience of a group of students from Medicine and Nursing courses, when using the active learning method of problematization to study the National Policy for Comprehensive Child Health Care (PNAISC).

Experience Report: The experience involved thirteen Medicine and Nursing students who, after experiences in the Unified Health System and with the purpose of understanding public health policies, felt motivated to prepare a study on the PNAISC. The process included extending the knowledge on the policy, through articles and manuals, followed by structuring and producing the work in video format using the Draw my life style, incorporating illustrations and simultaneous narration. The video was shown in plenary with all students in the class and shared on YouTube, obtaining a significant number of views and positive comments.

Discussion: The active and in-depth construction of the video provided students with a significant understanding of PNAISC, a child-centered policy that aims to articulate health actions and services in Health Care Networks. In addition to contributing to the understanding of this crucial topic in the training of healthcare professionals, the project encouraged the development of additional skills, including active search and critical data analysis.

Conclusion: The active method adopted was widely valued by members of the working group and plenary participants as an effective tool to awaken students' interest in the covered content, resulting in facilitated understanding

Keywords: Active Learning; Comprehensive Health Care; Child Health; Students Medical; Students Nursing.

RESUMO

Introdução: *Os métodos ativos de aprendizagem têm adquirido crescente relevância, promovendo aprimoramento das relações interpessoais e maior aproximação com a prática profissional. Este artigo tem como objetivo relatar a experiência de um grupo de estudantes dos cursos de Medicina e Enfermagem, ao empregarem o método ativo de aprendizagem da problematização para exploração da Política Nacional de Atenção Integral à Saúde da Criança (Pnaisc).*

Relato de experiência: *A vivência envolveu 13 estudantes de Medicina e Enfermagem que, após vivências no Sistema Único de Saúde e tendo como propósito a apreensão das políticas públicas de saúde, sentiram-se motivados à elaboração de trabalho sobre a Pnaisc. O processo contemplou aprofundamento na política, por meio de artigos e manuais, seguido pela estruturação e produção do trabalho em formato de vídeo no estilo Draw my Life, incorporando ilustrações e narração simultânea. O vídeo foi exibido em plenária com todos os estudantes da série e compartilhado no YouTube, obtendo expressivo número de visualizações e comentários positivos.*

Discussão: *A construção ativa e aprofundada do vídeo proporcionou aos estudantes compreensão significativa acerca da Pnaisc, política centrada na criança que visa articular ações e serviços de saúde nas Redes de Atenção à Saúde. Além de contribuir para compreensão desse tema crucial na formação de profissionais de saúde, o projeto estimulou o desenvolvimento de competências adicionais, incluindo busca ativa e análise crítica de dados.*

Conclusão: *O método ativo adotado foi amplamente valorizado pelos membros do grupo de trabalho e pelos participantes da plenária como ferramenta eficaz para despertar o interesse dos estudantes no conteúdo abordado, resultando em compreensão facilitada.*

Palavras-chave: *Aprendizagem Ativa; Assistência Integral à Saúde; Saúde da Criança; Estudantes de Medicina; Estudantes de Enfermagem.*

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INTRODUCTION

In Brazil and worldwide, learning processes have developed into methods that promote critical-reflective professional training[1]. The adopted strategies are based on the principles of active methods, in which students take on a leading role in the construction of knowledge, moving away from the passive approach of traditional methods. Among these strategies, Problem-Based Learning (PBL), problematization and the use of virtual strategies[2] stand out.

Active learning methods are capable of bringing students closer to the reality of professional practice and improving the integration between theory and practice, as they allow experiences to act as triggers for study. Moreover, most active methods are structured through work in small groups, so that they also stimulate the development of interpersonal communication and the ability to evaluate one's own learning and that of the group, fostering critical thinking and making the student reflect on the learned content[3].

Among the examples of institutions that stand out in curriculum integration and adoption of the active method is a Higher Education Institution located in the interior of the state of São Paulo, which offers undergraduate courses in Nursing and Medicine. The institution structures the curriculum based on competencies and, in its development, fully employs active teaching and learning methods[4,5], as well as broadcasting the National Curricular Guidelines for the Undergraduate Course in Medicine[6].

In this context, Nursing and Medicine students, in the first two years of the course, participate in theoretical and practical activities in an integrated manner, valuing interdisciplinarity, with both courses sharing activities and scenarios. The pedagogical content is introduced through Problem-Based Learning (PBL) and problematization[4,5]. However, problematization is used for activities in the real scenario that occur from the first year of the courses, based on action-reflection-action on the reality of the world of work, with creativity as its basic foundation, aiming to train participatory professionals with a critical understanding of reality, through joint mediation between the subjects involved in it[7,8].

This proposal also highlights the possibility of exercising interprofessionality, considered an important strategy to be used when facing the complex problems imposed on health services, since it foresees professional practice in a team, with the articulation of different areas of knowledge, in favor of meeting the needs of people, families and the community[9].

The institution in question develops practical activities in Family Health Units (USF, *Unidades de Saúde da Família),* with groups of 10 to 12 individuals. Thus, a group of students, aiming to improve curricular experiences, with the purpose of expanding topics related to learning scenarios, decided to address the National Policy for Comprehensive Child Health Care (PNAISC, *Política Nacional de Atenção Integral à Saúde da Criança*)[10] to be presented in a plenary session, thus choosing to create a video in the 'Draw my Life' format.

This article aims to report the experience of a group of students from the Medicine and Nursing courses, when using the problematization method to understand the PNAISC.

EXPERIENCE REPORT

This is the experience report of a group of 13 students from a Higher Education Institution (HEI), whose curriculum is based on active teaching-learning methodologies[4,5], during activities developed at the Professional Practice Unit (UPP, *Unidade Prática Profissional*), in August 2018, addressing the PNAISC[6]. The actions were carried out at the Family Health Unit (USF) where the group worked and at the HEI premises.

As part of the active methodology adopted by the HEI, students attending the 1st and 2nd years of the Medicine and Nursing courses are required to have common professional skills and, therefore, are organized into groups of 10 to 12 students in a 2:1 ratio (Medical students/Nursing students). These groups are coordinated by two facilitators, one of which is a teacher affiliated with the HEI and the other a professional from the USF itself. This organization aims to integrate the needs of the population living in the territory with the academic training of students, allowing practical work since the start of the undergraduate course, through actions at the USF itself and in the covered territory[4,5]. The students' practical experience acts as a trigger for problematization[1].

The research was approved by the Research Ethics Committee, under CAAE number 75097623.6.0000.5413, and all students who participated in the experiment signed the Free and Informed Consent Form (TCLE), agreeing to participate in the research.

The experience report was developed in seven steps, as follows.

Step 1: Defining the topic

In August 2018, 1st-year Medicine and Nursing students began a pedagogical cycle on Health Care Networks (RAS, *Redes de Atenção à Saúde*) and public health policies. Organized into subgroups within a larger team, they visited different services that constitute the RAS of the municipality in question, including a maternity ward, a Specialized Care Service, an Emergency Care Unit, a Psychosocial Care Center, a tertiary hospital, and a rehabilitation hospital.

These visits were the trigger situations for the study on the Psychosocial Care Network (RAPS, *Rede de Atenção*

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Psicossocial), Child Health Care, the Stork Network, the Urgency and Emergency Care Network, and the Care Network for People with Disabilities. At the end of these visits and after sharing their experiences with the other members of the group, they proposed developing a project that could be carried out in the form of theater, video, class, music, or whatever other form they deemed interesting for learning. The group of students then started working with the National Policy for Comprehensive Child Health Care (PNAISC)[10].

Step 2: Exploring the Policy and related topics

After defining the work on PNAISC[10], each member of the group was responsible for revisiting the topic and expanding their knowledge about the Policy.

Inevitably, when assessing PNAISC[10] and coming across Axis V (Comprehensive Care for Children in Situations of Violence, Accident Prevention and Promotion of a Culture of Peace) and Axis VII (Monitoring and Prevention of Infant, Fetal and Maternal Deaths) and analyzing the political-historical context of the moment, it was observed that it was necessary to emphasize the problems of children exposed to violence, child labor and the increase in infant mortality. It was decided that it was not enough to simply discuss public health policies: it was necessary to bring them into the reality of the country.

Step 3: Structuring of the study and preparation of the script

Considering the purpose of involving viewers in the important topics addressed and the possibility of reaching an audience beyond the HEI itself, the group decided to use video as a tool to present the work. The structure of the video, along the lines of 'Draw my life', which consists of an animation technique in which a story is told while drawings are simultaneously made on a whiteboard or paper[11], was also designed considering the issues presented above, since it was a didactic video structure. The illustrations allowed communicating the proposed message, breaking down barriers to understanding the learning that technical language promotes and capturing the audience's attention. Finally, the choice to place PNAISC as a first-person character also included the intention of involving the audience as an actor of change regarding the presented problems.

After developing the general outline of the study, the group met to develop the script for the video, based on the sources used for the qualified search. The most frequently used sources were: the National Policy for Comprehensive Child Health Care - implementation guidelines (Ministry of Health)[12] and Comprehensive Child Health Care: health policies and indicators (Vilma Costa de Macêdo)[13].

Step 4: Filming the creation of posters with the illustrations

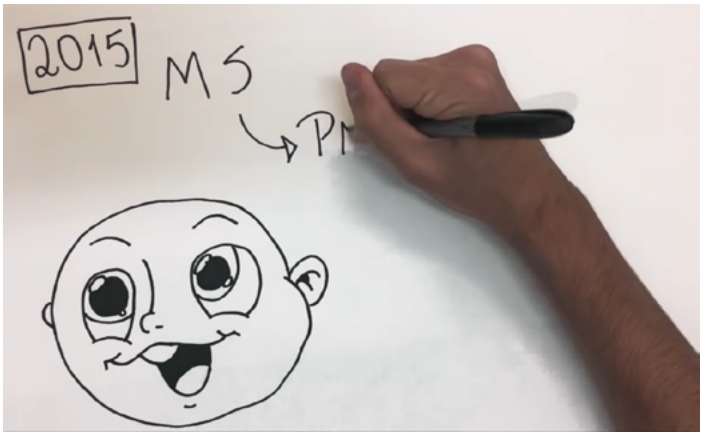
A student from the group who was more skilled at drawing was responsible for creating the illustrations.

The group acquired simple materials, such as cardboard and colored pens, which were necessary to create the illustrations. The chosen recording location was a classroom at the HEI itself, and the camera used was from a cell phone belonging to one of the students. The camera was positioned with a top view of the cardboards, while the student created the posters, based on the developed script.

Step 5: Dubbing recording

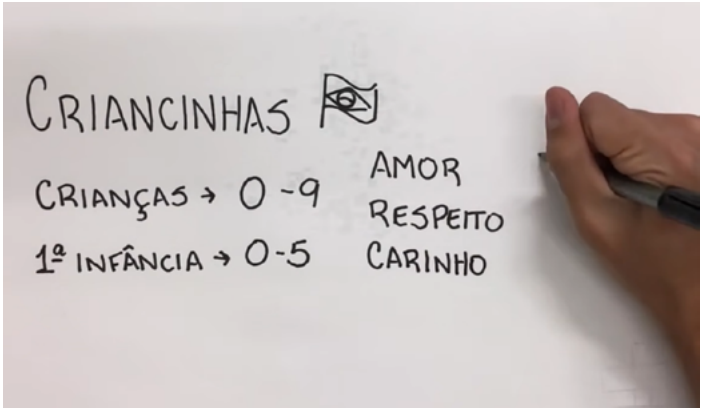
The next step in the production of the study was to choose another student who would perform the dubbing, personifying PNAISC. The audio was recorded with a simple camera and later edited.

Figure 1. Process of creating the video using the 'Draw My Life' technique with drawings.



Source: the authors.

Figure 2. Video creation process using the 'Draw My Life' technique, with texts and diagrams



Source: the authors.

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Step 6: Video editing

The final step of the project was editing the video. This stage was extremely important and the most complex of the entire project. A student with aptitude for digital media making was responsible for carrying it out. Sony Vegas Pro[14] software was used to extract the dubbing, synchronize it with the posters at the appropriate speed, and add the final images on infant mortality.

Step 7: Showing the video in the plenary session and publishing it on social media

The final stage of the study consisted of showing the video in a plenary session organized by the HEI coordination, in which all the UPP groups would present what they had produced according to the Health Care Network they were focusing on. On that day, each group was responsible for presenting a different policy and in different formats (staging performance, classes, musical performance, and video). The reproduction of the video produced by the group reported herein brought very positive effects, both on the part of the students and the teachers and coordinators regarding how easy it was the understanding of the presented policy. The presentations were followed by a lesson closure on the need for adequate coordination of the RAS, and the importance of the issue of infant mortality raised by the video was also revisited.

It was observed that problematization, based on a triggering situation, allows students to develop the ability to question problems encountered in practice and to develop creativity, making knowledge a living thing and in accordance with the needs arising from reality.

Finally, the video was uploaded to the YouTube platform under the name "*Política Nacional de Atenção Integral à Saúde da Criança* (PNAISC) - DRAW MY LIFE" and domain "https://youtu.be/QD70mYL32PY", which was disseminated by students and teachers, with a reach that surprised the group as a whole. In July 2023, the video had more than 61,000 views, 2,600 "likes" and 58 comments. Some of the most notable comments include:

> *"I was impressed by the simplicity and quality of this video."*
>
> *"Wow, what a simple, sensitive, understandable and didactic video."*
>
> *"Congratulations to the students for the video. It made it easy to understand."*
>
> *"Spectacular! I was very happy to watch it, wow... Congratulations on the didactic way, super accessible and easy to understand. You shined! Students who will certainly make a difference in the SUS, future professionals of a public policy that continues to improve, and certainly needs people like you!"*

The comments showed that the proposal initially thought for the study was achieved and that this form of teaching that places the student as the protagonist of their own learning and the use of the potential of the media in the teaching-learning process, allows the population to be reached in new ways and generate changes.

The students involved in the project reported that the process of seeking knowledge allowed them greater information retention, when compared to the passive learning methodology, since it instigated curiosity, creativity and integration with technologies beyond books. They also reported having developed teamwork skills, such as organization, communication, commitment and flexibility, which are essential for healthcare professionals who will have group and interdisciplinary work as their main form of activity.

DISCUSSION

The proposed topic showed to be extremely relevant, allowing students to attain meaningful learning through reflection during the process, about how public health policies affect children's health care, especially morbidity and mortality indicators, due to the greater vulnerability of this age group. Dependence on adults, challenges in the growth and development process, as well as intense changes in children's lives require specific care at different moments[15].

Public policies aimed at child health worldwide indicate that investments in child care are essential, requiring local and coordinated solutions, especially in low-income countries[16]. Furthermore, the use and implementation of neonatal and child health policies based on scientific evidence and that prioritize the axes of longitudinality and intersectorality are recommended[17,18,19].

In Brazil, with the implementation of the Unified Health System (SUS, *Sistema Único de Saúde*), there was a significant expansion of social rights and the guarantee of the right to health, providing continuous progress in the implementation of public policies for child health care, favoring access to health services and contributing to improving children's living conditions[20].

The PNAISC[10], created in 2015, is one of the initiatives focused on children, of which origins date back to the need to provide resources to vulnerable populations, such as riverside children, *quilombolas*, children with disabilities and rare diseases. This policy also seeks to address inequalities regarding access to treated water and basic sanitation, in addition to responding to the challenges related to new infectious agents and the resurgence of diseases previously considered to be eradicated. The high rate of Caesarean sections, preterm births and the challenges of reducing neonatal mortality were also determining factors for its implementation[12].

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It is important to highlight that the PNAISC[10] emerged as a means of strengthening, in practice, the assurance of the universal right to health provided for in the Federal Constitution of 1988, on the occasion of the establishment of the Unified Health System, SUS[21], as well as promoting the comprehensive protection of children, in accordance with the principles established by the Statute of Children and Adolescents (ECA, *Estatuto da Criança e do Adolescente*)[22].

The PNAISC[10], guided by eight principles that include the right to life and health, universal access to health and comprehensive care, aims to articulate health actions and services at different levels and in the Health Care Networks (RAS), aiming to overcome the fragmentation of the existing care[14]. Structured into seven strategic axes, it aims to fully meet the needs of children, covering everything from pregnancy to adolescence[10,23].

In the Federal District, the implementation of the PNAISC contributed to the construction of the Comprehensive Child Health Care Network, developing and improving local care by strengthening Primary Health Care as a care provider, integrating health services, connecting the dots through agreed flows and the construction of lines of care at different levels of care[23].

Furthermore, during the implementation of SUS and its policies, there was an urgent need to adopt new care models, in which health professionals are "more involved in the dynamics of the system, sensitized to teamwork and contextualized with the social reality, in search for a professional practice based on humanized relationships that are close to the population"[24]. In this context, active learning methodologies emerge as crucial elements, since, in addition to training professionals qualified from a technical-theoretical point of view, it is imperative that they are prepared to face the challenges and difficulties inherent to the reality of health services[25].

When considering the relevance of the topic and using the active teaching methodology as a tool in the search for knowledge, it was observed that, during the video preparation, the students were challenged to improve several skills, such as the active search for information, the critical analysis of the obtained data and the restructuring of these data to adapt it to the proposed presentation model. Thus, doing it in accordance with the National Curricular Guidelines for undergraduate Medicine courses[6].

In this direction, a study that compared the learning disparities between a group of students who completed two semesters of the course using an active method, together with a lecture-based classroom, and a group that was submitted to traditional teaching only, showed that students exposed to the active method showed significant improvement in their ability to learn, analyze and solve problems, in addition to increased confidence when dealing with patients[26].

Regarding interprofessionality, it can be considered that the educational method used in this report, as found in another study, facilitated the development of collaborative learning, the promotion of mutual involvement, the stimulation of a sense of leadership and the awareness of the importance of teamwork on the part of students[27].

Additionally, it is important to highlight the importance of the virtual strategies employed in the development of the final project on the PNAISC. When shared on social networks to expand the reach and relevance, the pertinence of these approaches is highlighted, especially considering the current era of Information Technologies (IT). In this context, the produced educational videos can be accessed at any time, through notebooks, smartphones and tablets, allowing frequent playback and facilitating access to information and knowledge. The use of IT in medical education gives students a perception of more creative learning, a feeling of constant updating and the capacity to extend their studies beyond the limitations of the classroom[28].

Finally, throughout this educational process, in which students played the role of protagonists, the question arises about the effectiveness of meaningful learning about the PNAISC. Meaningful learning manifests itself through the cognitive interaction between prior knowledge and new information, in a non-arbitrary and non-linear manner. The learner's predisposition and the quality of the learning materials play crucial roles in this context, elements that are present in this specific experience[29]. Therefore, when evaluating the teaching-learning methods implemented in the design of this project, the perspective of the medical and nursing students involved in it and the definition of the abovementioned meaningful learning, it is possible to state that this educational process culminated in meaningful learning about the PNAISC.

FINAL CONSIDERATIONS

This study showed that the use of problematization in the learning process gives students greater autonomy in the search for information, stimulating their interest, creativity and curiosity, which makes learning more meaningful and enjoyable and, consequently, facilitates the understanding of the covered content.

It was observed that understanding public health policies is of the utmost importance for both students and professionals in the health area, since these policies guide practices, aiming to ensure comprehensive care for the population and society in general, which need to be aware of their own rights and responsibilities to exercise autonomy and co-accountability.

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Therefore, the proposal to encourage the study of public health policies and promote the active search for knowledge, aiming to improve the teaching-learning process in a more meaningful way for the student, achieved its objectives and proved to be an innovative practice to strengthen and value interprofessional education, also meeting the curricular guidelines for health area courses.

AUTHORS' CONTRIBUTIONS

Ligia Gonçalez De Paiva, Laísy Araujo Guimarães, Lucas Cortez Vieira Abrantes Maria Da Silva: participated in the study concept, development, analysis, interpretation and writing of the manuscript. Juliana Ribeiro Da Silva Vernasque, Maria José Sanches Marin: participated in the methodological design, supervision, writing and critical review of the manuscript.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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