Distance education in the qualification of health professionals

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Abstract
This article describes the process of building distance education courses that is being carried out by the National Reference Center for Human Milk Banks (CRNBLH) at the Fernandes Figueira Institute/FIOCRUZ. Part of a larger permanent education process, the proposal for building these courses was planned to for use by professionals who work in the areas of breastfeeding and human milk banks in Brazil. It is based on a constructivist conception of education, with a focus on competences. Such competences, defined as capacities or knowledge in use and which comprise knowledge, skills and values, were identified in CRNBLH workers, guaranteeing the legitimacy of projects that integrate education and work.

Keywords
Education, Work, Distance education, Health, Competences.

By describing the building process of distance education courses, the intended vision goes beyond a portrait of its execution, also including matters related to education in general.

Thus, this article approaches the problems, progress, and limitations, in the perspective of the programs’ usefulness for use in decision-making processes in health production.

The health area is one of the most developed in today’s world, constantly incorporating new and complex bodies of knowledge, and demanding that its professionals increasingly include high technology with a broad and multidisciplinary view of their daily routine.

Therefore, the management of work and education in health ultimately responds to a social demand for the search for quality in offered services, whether public or private.

While facing enormous difficulties, the health sector in Brazil has sought to solve problems by encouraging its workers to participate in permanent education programs, for example.

Permanent education has appeared in the public health scenario as a strategy of the Brazilian Unified Health System (SUS) in an attempt to fill a gap in the qualification and development of sector workers. Thus “The lack of professionals with an adequate skills profile has been, alongside management and care organization problems,
one of the main obstacles for the improvement of the care quality and for SUS’s effectiveness” (BRASIL, 2007, p.1). In this way, Decree 198/GM/MS, of February 13, 2004 (BRAZIL, 2004, p.1), has instituted the National Policy for Permanent Education in Health, in an attempt to promote a dialogue between education and work, valuing the logic of education in service from an articulation between the SUS management and the qualifying institutions. On August 20th, 2007, Decree 1996 defined new directives and strategies for the implementation of the National Policy for Permanent Education, in conformity with the operational directives and the Pact for Health (BRASIL, 2004, p.1).

It is in this setting that, in 2006, the National Reference Center for Human Milk Banks (CRNBLH) resumed a project initiated years before in the building of a Permanent Education Program in Breastfeeding and Human Milk Banks, comprising two courses, a refresher one and a specialization one; for it understands that this is one of the ways in which to achieve improvement in the quality of its professionals.

It is worth explaining that the CRNBLH is the Human Milk Bank of the Fernandes Figueira Institute/FIOCRUZ, a research body, advising institutions, and is also the executor of the planned actions for human milk banks (BRASIL, 2006, p.47).

Thus, the CRNBLH has the responsibility, from a technical and scientific viewpoint, of promoting, protecting and supporting breastfeeding, articulating the actions of the Human Milk Banks around the country, and also through increasing initiatives throughout Latin America (RedeBLH, 2007). In the implementation of integrated strategic actions, the CRNBLH is consolidated also as a fundamental element for maternal and neo-natal mortality reduction, through administering direct care to the population, in addition to the generation and diffusion of knowledge.

However, Brazil is a country of continental size, with great regional differences, and thus the first question which arose was how to adequately administrate the qualification and permanent education processes for reaching the goals intended by the CRNBLH. The answer found could not be another: the use of distance education (DE) showed it to be a desirable alternative because it made it possible to reach a great number of professionals, to consolidate the quality of its professionals.

The view of work world has broadened. The quality demanded from a good professional has ceased being that of one who knows more in terms of quantity and become that of one who knows better how to articulate and make available, during his professional praxis, the attributes acquired in his social, educational, personal, and labor life (KUENZER, 1999, p.50). Excellent professionals are the ones who, prepared to deal with uncertainty, solve the problems in their daily practice with flexibility and celerity, and “use, integrate and mobilize this knowledge” (PERRENOUD, 1999, p.8).

Therefore, it was opted to build courses which use active methodologies, following a constructivist approach to education, in which the student is the agent of his/her learning process, because s/he builds its significances, meanings, and representations of reality, from his/her own experiences and life.

The next phase was to think about the expected end profile. What qualities would the students end up acquiring in their learning units? What knowledge would be important to include, what abilities should be encouraged, which attitudes should be expected?

The next new step was a deliberate decision to create distance education courses based on competence-oriented professional qualification.

The Education Directives and Bases Law (LDB) considers competences as capacities, or knowledge in use, which comprises knowledge, abilities, and values (BRASIL-LDB, 2007, p.2).

Knowledge is related to concepts and the ability to carry out procedures, hands-on know-how; and an ethical attitude; knowing how to be.

Competences, in their turn, are acquisitions, built learning, which have the participants’ performance as a relatively reliable indicator, and which, in a more stable sense, indirectly measures competence. Building x competence means learning how to identify and find pertinent knowledge.
Thus, a competence description process was initia-
ted with the CRNBLH’s workers, assuming that, being 
reference center, it would serve as a starting point for 
formatting the proposed goal.

With the objective of defining the competences 
which have oriented the building of the courses, we 
have opted for the use of an adaptation of the functional 

This method, largely used in the United Kingdom, 
Mexico, and Colombia, supposes that each worker will 
consider his/her function by establishing relations with 
the other functions and with the organizational environ-
ment of the work in which s/he is inserted.

Thus, from direct observations and interviews with 
open questions such as: “What is the main goal of your 
position and what has to be done reach that goal?”?, the 
key objective of the area was identified as a departure point 
from which to enunciate and correlate the functions until 
reaching the specification of individual contributions. 
Several meetings and interviews were carried out, many 
direct observations of work were described, during a total 
of about three months of research (October to January 
2007) to build a professional competency profile.

Thus, the expected results were obtained by means 
people’s activities, rather than by operating equipment. 
Actions, behaviors or results were identified, which, 
when used as parameters in the building of the proposed 
project, made possible the elaboration of its curricular 
guidelines.

It is, therefore, a method which involves both the 
workers and the specialists and managers of the activity, 
employing professional performance standards which 
must be achieved in each area.

It is an experimental analytical process of the work 
in its component functions, and therefore there are no 
rigid procedures for putting it to practice. Those are 
built from the participants’ participation (BARRENNE, 

An environment has been achieved which is open to 
research, without any resistance from professionals, ma-
nagers, or users in obtaining information or carrying out 
direct observations. There is an almost always positive 
and optimistic discourse regarding the daily work daily 
routine which is challenged by observed real difficulties, 
unfortunately inherent to many public organizational 
structures in Brazil which lack of funds and support and 
are demanding of creativity and improvisation from 
workers so that they can carry out their activities. But 
this was not a main difficulty. To adapt the course’s de-
sign to the language used by DE was quite a challenge.

Following the orientations agreed upon in partner-
ship with the distance education of the National Public 
Health School - EAD/ENSP/FIOCRUZ, interactive 
texts began being formatted, with varied levels of dep-
th, according to educational backgrounds. As a result, 
the realization of a Permanent Education Program in 
Breastfeeding and Human Milk Banks that comprises 
two courses was opted for. There is a refresher course, 
focused on participants with a secondary school level, 
and a specialization Course, focused on those with a 
higher education level, thus trying to respond to the 
demands of the workers.

But, by understanding distance education as a 
means of broadening access to education (STRUCHI-
NER et al, 2006, p.129), it may certainly be considered a “technology of hope” (NISKIER, 2000, p.19-29). However, in Brazil, distance education is still a part of a reality that includes the category of digital exclusion, that is, access to computers and the Internet is unequal, especially if taking into consideration some aspects such as geographic distribution, educational background, and socio-economic situation (FGV, 2007).

The Getulio Vargas Foundation (FGV) has carried 
out a study in which a map of digital exclusion in Brazil 
was constructed (FGV, 2007). Some data drew attention, 
such as: “the controlled chance of public institutions having a computer is 10.32% bigger than for a worker in the service sector” (FGV, 2007). This fact signaled with optimism the proposal for the building of DL courses, since most Human Milk Bank workers work in public institutions.

“In 2001, 12.46% of the Brazilian population 
had access to a computer in their homes and 8.31% to 
the Internet” (FGV, 2007). This datum pointed to the 
possibility of many workers not having home access to 
computers or the Internet, leading to the decision of re-
thinking the alternatives for didactic materials.

Digital inequalities reproduce and reinforce social 
inequalities in the country (RITLA, 2007), pointing to 
the need to formulate and implement public policies 
capable of democratizing access to new information 
and communications technologies (NICTs), among 
other fundamental measures for the reduction of social 
inequalities in general.

It cannot be denied that the offer by Internet access 
providers has increased in Brazil’s cities, rising 178% 
from 1999 to 2006, according to data obtained by the 
culture supplement of the Research of Basic Municipality 
Information (Minic), published by the Brazilian Institute 
of Geography and Statistics (IBGE, 2007).

Thus, knowing that not all milk banks or collection 
stations in the country have a computer, it was decided to 
create three types of material formats: printed materials, 
materials in CD-Rom, and web-based materials.

Yet, limitations relating to the funding of the course 
casted great concerns as to its true application. Would 
there be the risk that the elaboration stage could not be 
followed by its implantation? The solution found was 
the search for partnerships that would collaborate in 
funding the project.

Another important question was that, considering 
those who had access to a computer, what would be 
the impact of its use when faced with the challenge of 
knowing how to use it to take the course? Would most 
potential students who would take the courses really 
know how to use a computer? Would they have the basic 
knowledge of English necessary for its use, for example? 
Did they know how to use the Internet?
Despite all this, and also as an obtained result, the creation of the material was consolidated in which, from the initially planned eight modules, four have already been concluded.

As expected results, there is a good possibility of meeting the demands of workers in the area for new knowledge and complementing old skills, via their hands-on learning.

Finally, it should be noted that as a description of the production process of distance education courses, this article contributes to dissemination about education and hands-on learning, in the hope of consolidating an SUS made up of ethical workers, committed to what they do.

Notes
1. This article presents some partial results from a research project being carried out by a visiting researcher from the Fernandes Figueira Institute – FIOCRUZ, in a scholarship program from the FAPERJ called Programa de Educação Permanente em Apeitamento Materno e Bancos de Leite Humano (Permanent Program in Breast Feeding and Human Milk Banks); which is being conducted from October 2006 to October 2009, process No. E-26/152.290/2006-bolsa.

Bibliographic references


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Family doctor, worked at the Family Medical Office of Vila Matilde – State Health Secretariat of São Paulo (1989 - 1995). In the Family Doctor Program of Niterói – Rio de Janeiro (1995 - 1999). In the Lapa Family Doctor Program - Rio de Janeiro, since 2001. PhD in Collective Health by the Universidade do Estado do Rio de Janeiro – Institute of Social Medicine, Department of Policy, Planning, and Management in Health. She is a member of the faculty of the Medicine Course of the Universidade Estácio de Sá (UNESA) with Specialization in Activation of Processes of Change in the Higher Education of Health Professionals – Ministry of Health, FIOCRUZ, 2006. She is currently an assistant professor of the Professional Master’s Course in Family Health of the UNESA, besides being a Visiting Researcher at FIOCRUZ, where she develops a project for the elaboration of Distance Learning courses within the sphere of Breastfeeding and Human Milk Banks. She was a consultant in the project called “Expansão e Consolidação do Saúde da Família” – PROESF (Family Health Expansion and Consolidation), carried out by CESGRANRIO, with the sponsorship of the Ministry of Health; 2005 – 2006. She also works as an Associate Researcher in a research project approved by the FAPERJ. Program “Pensa Rio – Apoio ao Estudo de Temas Relevantes e Estratégicos para o Estado do Rio de Janeiro” (Think Rio – Support to the Study of Relevant and Strategic Topics for the State of Rio de Janeiro). Title: O impacto da Internet na saúde: a percepção da população de baixa renda do Estado do Rio de Janeiro (The impact of the Internet on health: the preception of the low income population of the state of Rio de Janeiro); 2007.