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The teaching-learning process in the construction and application of educational action in the waiting room: experience report

O processo ensino-aprendizagem na construção e aplicação de ação educativa em sala de espera: relato de experiência

El proceso de enseñanza-aprendizaje en la construcción y aplicación de la acción educativa en la sala de espera: informe de experiencia

ABSTRACT

Objective: To report the teaching-learning process in the construction and application of educational action in the waiting room of a basic health unit. **Method:** Experience report performed by the Blended Learning method, with approach by constructivism and analyzed through activity theory. It was executed between July and September 2021 by the Federal University of Pará. Participants were students of the third semester, professor and graduate student of Nursing. **Results:** It is structured in 3 Phases: Literature Review, Development and construction of educational technologies and Application in the health service. Group activities were identified as potential strategies, with active methodologies, playful, mediated by interactions and for knowledge reconstruction. Planning followed the key factors: content, process and form. **Final Considerations:** The experience pointed out that actions in the waiting room can be mediated by active methodologies based on technological interactions and the key points of teaching-learning.
Descriptor: Health Education; Waiting Rooms; Learning; Primary Health Care; Teaching.

RESUMO

Objetivo: Relatar o processo de ensino-aprendizagem na construção e aplicação de ações educativas na sala de espera de uma unidade básica de saúde. **Método:** Relato de experiência executado pelo método *Blended Learning*, com abordagem pelo construtivismo e analisada por meio da Teoria da Atividade. Foi executada entre julho e setembro de 2021 pela Universidade Federal do Pará. Participaram discentes do terceiro semestre de graduação em enfermagem, docente e discente de pós-graduação de Enfermagem. **Resultados:** Apresenta-se estruturado em 3 etapas: Revisão da Literatura, Desenvolvimento e construção das tecnologias educacionais e Aplicação no serviço de saúde. Identificou-se como potenciais estratégias as atividades em grupo, com metodologias ativas, lúdicas, mediadas por interações e para reconstrução do conhecimento. O planejamento seguiu os fatores-chave: conteúdo, processo e forma. **Considerações Finais:** A experiência apontou que ações em sala de espera podem ser mediadas por metodologias ativas a partir de interações tecnológicas e dos pontos-chave do ensino-aprendizagem.
Descritores: Educação em Saúde; Salas de Espera; Aprendizagem; Atenção Primária à Saúde; Ensino.

RESUMEN

Objetivo: Relatar el proceso de enseñanza-aprendizaje en la construcción y aplicación de la acción educativa en la sala de espera de una unidad básica de salud. **Método:** Informe de experiencia realizado por el método Blended Learning, con enfoque por constructivismo y analizado a través de la teoría de la actividad. Fue ejecutado entre julio y septiembre de 2021 por la Universidad Federal de Pará. Participaron estudiantes del tercer semestre, profesor y estudiante graduado de Enfermería. **Resultados:** Se estructura en 3 Fases: Revisión de la Literatura, Desarrollo y construcción de tecnologías educativas y Aplicación en el servicio de salud. Las actividades grupales fueron identificadas como estrategias potenciales, con metodologías activas, lúdicas, mediadas por interacciones y para la reconstrucción del conocimiento. La planificación siguió los factores clave: contenido, proceso y forma. **Consideraciones finales:** La experiencia señaló que las acciones en la sala de espera pueden ser mediadas por metodologías activas basadas en interacciones tecnológicas y los puntos clave de enseñanza-aprendizaje.
Descriptores: Educación en Salud; Salas de Espera; Aprendizaje; Atención Primaria de Salud; Enseñanza.

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INTRODUCTION

In teaching-learning practice, recognizing the waiting room of health services according to a public, dynamic and meeting space is essential to understand the importance of experiences and interactions built and shared[1-2]. This space is also the scene of several actions, including those involving training of skills provided for in professional training, which, considerably, is driven by the teaching-service articulation favorable to multiprofessional training[3]. Therefore, experiences in Primary Health Care (PHC) services are essential to provide unique knowledge, recognize territories and train skills for team collaboration[4-5].

The space of coexistence should be perceived as a scenario for learning and social awareness, as it provides the opportunity to share knowledge, stimulating the transformation of behaviors based on an action[1,6]. The process involving such contacts is the result of extrinsic and intrinsic factors that connect thematic contents to students' interactions, and can be assimilated through didactic resources mediating these actions to perform a skill[7].

The articulation between university and service makes it possible to incorporate strategies with dynamic activities, through active teaching-learning methodologies[8]. Curricular experiences in this context become significant, as they promote peer engagement and provide meaningful learning, enabling the students to build their knowledge, becoming the protagonists of their training[8,9]. Therefore, they mobilize changes and qualification in the work process [10].

In addition, realizing the transformation of the educational scenario, activities with these characteristics meet the traditional model, because they are mediated by processes that harbor new formulations of knowledge[11]. Currently, there is a search to assimilate new technologies and teaching modalities, mainly considering the insertion of digital technologies[8,11]. The development of educational technologies for action on services in the teaching-learning process has accompanied this configuration.

From these notes, we sought to go through the signs of the Blended Learning (BL) method due to social interactions, the conduct by a teacher-facilitator and the Interactive construction through virtual and face-to-face meetings[12]. As a theoretical support, it was based on the theory of teaching and learning from the proposal of the constructivism of activity theory, which gave subsidies for the analysis of the results observed in the course of experience[13,7,14].

It is pointed out that these interactions favor professional training, mainly due to the sanitary condition in force as a result of the COVID-19 pandemic. In addition, it is necessary to analyze experiences involving teaching and service in PHC in order to contribute to the usability of health service spaces. Thus, we sought to identify in the literature what are the characteristics of the actions performed in these spaces from the following question: which strategies are used by health professionals for health education in waiting rooms in primary health care? In view of this search, it was noted that there was a gap in the development of teaching-learning processes that used the insertion of collaborative digital technologies for the construction of educational technologies and for the subsequent application of actions in the waiting room environment in the integration of teaching-service.

Considering these notes, the study intends to report the experience of a teaching-learning process in the construction and application of educational actions in a Primary Health Care waiting room.

METHOD

This is a descriptive qualitative study of the type experience report on the teaching-learning process in the construction and application of educational action, structured in 3 stages: (1) Literature review, (2) Development and

construction of educational technologies, (3) Application in the health service. The experiment was carried out through the Curricular Activity (CA) of Adult and Elderly Health Care (AEHC) of the Faculty of Nursing of the Federal University of Pará (UFPA). It took place between July 2021 and September 2021, at the Basic Health Unit of the District of Guamá (BHU) of the Unified Health System (SUS) and at the Human Skills Laboratory of the Federal University of Pará (HSL-UFPA), in a building attached to the BHU Guamá. Six students from the third semester, one teacher from CA AEHC and one graduate student from Nursing under the guidance of a teaching internship participated in the experience.

The theoretical contribution was anchored in the theory of teaching and learning from the proposal of constructivism, as it considered that the dynamics built result from the development of the learner and are part of an active process related to the student's contexts and experiences, with the teacher being a mediator[7,13]. It is based on the BL method[12] that has a methodological proposal through the hybrid teaching modality and that subsidizes the interactions between participants of the action, technological instruments and health service in a mixed learning, uniting the digital and the face-to-face.

Considering the inferences of the proposal of the method, the interactions between participants of the action, technological instruments and health service were evaluated from the perspective of the Activity Theory[14], given that this theory considers the current exposure process in the application of the action, as it was executed in a pandemic period and in a hybrid modality, then indicated for the occasion of gradual return of face-to-face activities, being essential for analyzing the performance of actions and how collaborative learning, in which there is participation of teachers and students in the direct construction of technologies, can be motivating when inserting digital technologies.

Stage 1 – Literature Review

The teaching-learning process was guided by the Population, Interest and Context (PICo) method, which observed the following structure: population: health professional; interest: health education; context: waiting room in Primary Health Care; thus, asked the following research question in search of evidence: what strategies are used by health professionals for health education in waiting rooms in primary health care?

The bibliographic survey was carried out by a professor and a graduate student, in July 2021, in the database of Scientific Electronic Library Online Brasil (Scielo). Articles in Portuguese, Spanish and English from 2001 to 2021 were included. Theses and dissertations were excluded. Descriptors and their alternative terms were selected in the Health Sciences Descriptors (DeCs): Health professionals, waiting rooms; health services; Attention Primary to Health, which followed the combination of descriptors through the Boolean operator "AND", observing the search strategy, as shown in Figure 1. To extract the synthesis of information from the selected studies, we used Excel spreadsheets organized in year, authors, research title, objective, methodological design and main results.

We identified 48 articles that, after analysis and application of the inclusion and exclusion criteria, obtained the result of five articles that were interpreted and represented the evidence for application in practice, as shown in Figure 1. The result of Stage 1 gave subsidy to indicate usual methodologies and to implement the strategies and typologies for the construction of technologies and educational actions, considering in the process the use of digital resources for the development of materials for Stage 2, in view of the pandemic period and the hybrid teaching modality in which the experience was carried out. The material produced in Stage 2, based on findings and new interactions, was applied in Stage 3, the application phase of the posters, dynamics based on gamification and dialogue between peers.

Figure 1 – Stages of the bibliographic survey
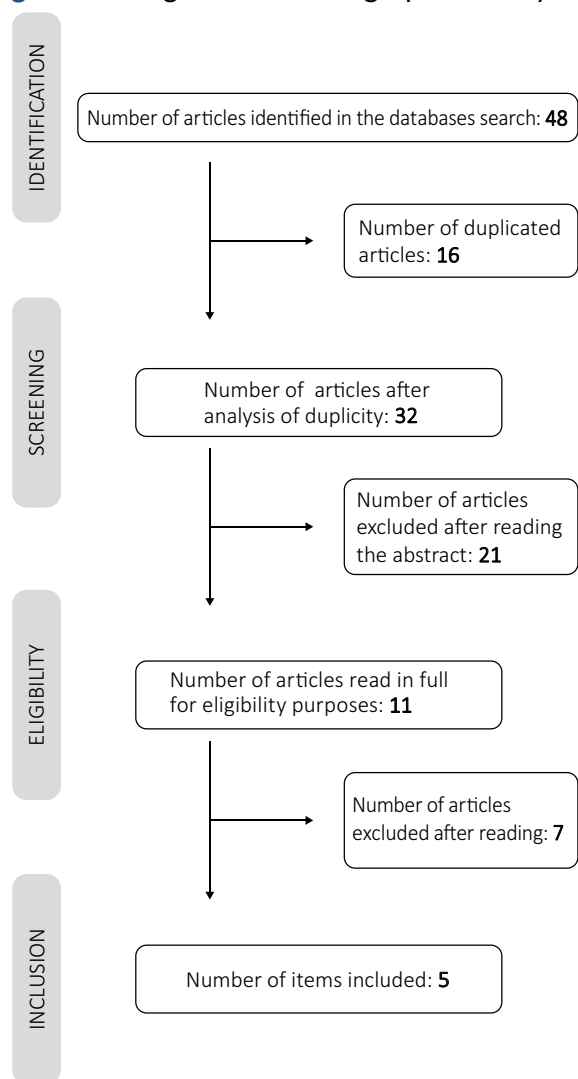
Source: The authors, 2022.

Stage 2 – Development and construction of educational technologies

The educational technology was developed in search of information on the themes of tuberculosis and falls in the elderly, chosen by the teacher and according to the target audience content to be addressed in the CA, being indicated to the students to align themselves to the content of the health notebooks and the Virtual Health Library (VHL), choice of typology, development and production, and edition of technologies for printing. The teacher guided the students through WhatsApp groups, 20 days before the development period. The elaboration of the typology developed in two groups, with three students each, guided by the teacher and the student in teaching stage, then occurring the orientation regarding the dynamics and technologies of support to the users in a face-to-face and virtual way. The graphic editor Canva was used to build the folders, allowing collaborative activities, that is, that everyone had access and could collaborate on editing mutually.

For the editing process, we considered the structure/organization, layout and design aimed at an adult audience. The typology for the waiting room was the poster for facilitating group development, due to its easy mobility between spaces, and had as parallel reinforcement the production of colorful and printed "plates" of images that served as support for group dynamics. Regarding the technologies for support developed and evaluated online, the brochure and folder were listed.

Stage 3 – Application in the health service

The health education activities took place under the supervision of the CA teacher, at different times, whether morning or afternoon, and were developed in four moments within the practical classes, three in the waiting room of the main building of the health unit and one in the waiting room of the BHU annex in the (HSL-UFPA). As mediating resources, the technologies built were used, within a time limit of 20 minutes, always after 8 am or 1 pm, and their topics were developed through an active methodology for groups, identified in Phase 1, and chosen after evidence identified in Phase 2 referring to the notes in the literature on tuberculosis and falls in the elderly.

The posters within the integrated process in this phase were used by the students to explain the content on the themes listed and to promote care and prevention of injuries, giving subsidies to the process of knowledge acquisition through dialogues between students and users. As well as the use of gamification, due to the game of right and wrong on the themes and use of printed images.

The public was adults and elderly, mostly women, and these users of the service were waiting for care, accompanying patients and/or street vendors, as observed at the beginning of the activities, and when inquiring before the beginning of the exposure of educational activities. The exhibitions were held, dynamic on the themes listed, always with the intervention of the teacher. Finally, in order to make evaluations between one room and another/public, the teacher, at the end of each action, discussed and evaluated each subgroup, since it was identified needs for adequacy of technologies and speeches of students, especially the ability to speak in public.

The activities mentioned were integrated into the semester evaluation of undergraduate students, according to the scope of the skills and competencies developed from the CA evaluation form used by the teacher. It was also taken into account the monitoring records of the activities of undergraduate students, as well as the activities of graduate student, through a daily report. The participants of the experience contributed to the choice of records of the information through a meeting at the end of the semester and the indicative of the final report of the practice in CA service, in which the general evaluation of the discipline occurred concomitantly through a conversation circle.

ETHICAL ASPECTS

This report presents the authors' own experiences that, according to resolution 510, of April 7, 2016, item VIII, fits into an activity carried out exclusively for educational purposes, teaching or training does not need to be evaluated by the CEP/CONEP system.

RESULTS

In the review, five studies were selected, as shown in Box 1. Regarding the design of the studies, three were qualitative and two were reports. From the articles analyzed in this review, potential strategies were pointed out, for example, group activities with active, playful methodologies, mediated by interactions and for knowledge reconstruction. The summary of the results of the review is presented in Box 1.

Box 1 – Summary box of scientific productions used as reference, Belém (PA), 2022.

YEAR	WORK TITLE	OBJECTIVE	STUDY TYPE	MAIN RESULTS
2006	The waiting room group: territory of health practices and representations	Write significant aspects of experiences in waiting room groups and discuss these aspects in a socio-cultural perspective of health complexity.	Experience report	Group activities favor the understanding of representations client's
2011	Music therapy in the waiting room of a basic health unit: assistance, autonomy and protagonism	Develop actions that are applied in order to modify health practices, which can influence the way people act, contributing to the transformation of the care model to health care.	Qualitative Study Exploratory	Transformation of space and the potential of Music Therapy as a strategy to be disseminated in other BHU.
2012	Waiting room for pregnant women: a health education strategy	Describe the experiences of the monitoring nursing students of PET-Nursing Health of UFAL, in 2009/2010, in carrying out education actions in health for pregnant women in the waiting room.	Experience report	Space for active methodologies for dynamics in groups and families.
2015	Health education in the waiting room: care and actions for children living with HIV/AIDS	Know, from the perspective of the child living with HIV/AIDS, the care and actions of health education that can be developed in the waiting room.	Descriptive-exploratory research, with qualitative approach	Space should be used with playful activities
2018	Waiting room: potential for the learning of people with high blood pressure	To analyze the meanings attributed by people with systemic arterial hypertension to health education actions in the waiting room.	Qualitative, analytical study.	Relevance of interaction and shared mediation for reconstruction of knowledge.

Source: Own Authorship (2022).

The evidence identified by the review, in Stage 1, was applied throughout the planning and construction of teaching and learning, being organized by key factors for the execution of actions in the learning path, considering four phases modulated by descriptors, according to the adapted model[6] and presented in Box 2.

**Box 2 –** Stages of planning and its construction, Belém, 2022

CONSTRUCTIONS					
KEY FACTORS	Descriptor	PHASE 1	PHASE 2	PHASE 3	PHASE 4
CONTENT	Objective	Perform methodological study	Perform knowledge preparation	Building educational technologies	Apply in the health service
	Predominant theme	Waiting room in PHC	Tuberculosis and Fall in the elderly	Production of educational technologies	Health Education on TB and Fall in the Elderly
PROCESS	Apprentice's role	Search for references on the theme	Assimilate knowledge	Collaboration, perception, research and active participation	Communicate and perform social interaction
	Role of the facilitator	Research for justification for literature	Stimulate interest on the predominant topic	Identify flaws and flag potential technological innovations	Awakening communication, social interaction and critical reflection on the scenario
	Expected result in training	Identification of the use of Waiting room	Self-organization	Construction and innovation of educational technologies	Dialogue within a community
SHAPE	Modality	Remote	Remote	Hybrid	Face to face
	Didactic resources	Information and Communication Technologies: Google Drive and Scielo	Information and Communication Technologies: Google Meet	Information and Communication Technologies: Google Meet Canva	Office supplies Impressions
	Technique	Search in database	Search in database	Editing and Production of Technologies: Folder, Poster and Brochure	Dialogued Exposure

Source: Authors (2022) based on Célia and Loiola (2001)

Figure 2 shows the interaction process for the production and application of technologies, which took place from the discussions between students and facilitators, who decided the typology to be used and, based on the evidence found in Stage 1 that followed in the process of editing and producing the typologies. This process was carried out as a collaboratively between students and facilitators.

**Figura 2 –** Processo de produção das tecnologias entre os discentes e facilitadores
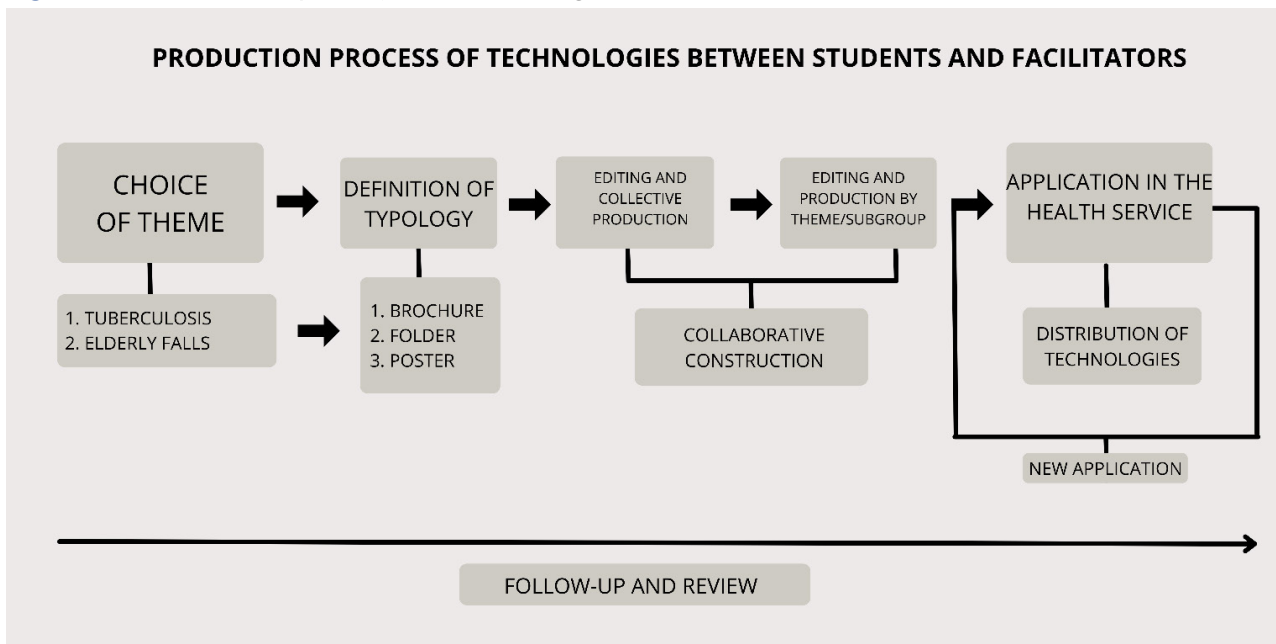
Source: Own Authorship, 2022.

Regarding the interaction process for the production of technologies between students and facilitators, the construction flow was followed, monitoring and review of the technologies produced ratifying how collaborative learning is relevant (Figure 3).

Figura 3 – Mapa mental das interações produzidas no processo de aplicação
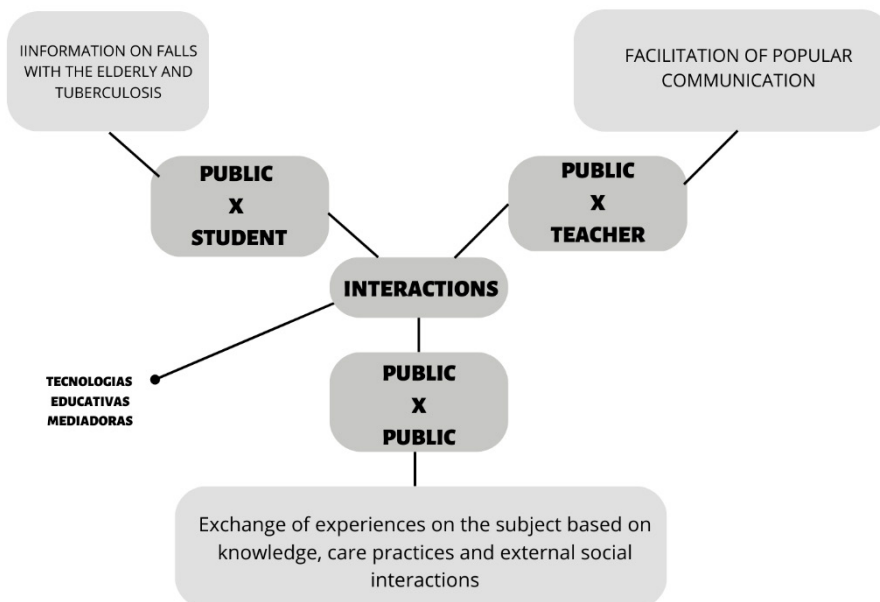
Source: Own Authorship, 2022.

DISCUSSION

The PHC scenario promotes health care for the community, family and users involved in general in social and health needs, representing diversities and pluralities. These characteristics are observed, as users in the PHC are predominantly young women, older men, seeking care for chronic diseases[15], which is in line with the scenario of the experience. Therefore, there is a need for reflective and dialectical teaching training, whose training and professional performance is directed to comprehensive and humanized care, guided by the recognition and adherence to recommendations and guidelines from the groups identified in the waiting room. At the same time, it is necessary to actively involve users, an objective achieved by active and participatory methodologies in PHC educational plans, which must be included in the planning of actions[16,7].

It is noted that the planning of teaching-learning processes in continuity of health care and intervention, observed in Box 2, provide opportunities for knowledge in the different community, temporal and care realities. So that the proposed training favors a care plan from the identified psychosocial and health needs, as well as the development of skills, recognition of professional performance with the community and the team, in addition to the exercise with autonomy and creative thinking with the use of digital platforms and different modalities for the maintenance of educational action plans[5,17].

Considering that the PHC environment has spaces for the collective and health care, learning and training exercise a resoluteness to reduce weaknesses and curricular needs for the process of critical-reflexive pedagogical constructions and for Interprofessional Health Education[18,19]. Therefore, the waiting room is a potential space for processes, interventions and interactions[1,2], but mainly because it involves participants and collective spaces to the community, consolidating a system[14].

It was found that, in the course of mediated interactions in the waiting room, health education provides public-public and student-public, promoting communication and not just transmission of knowledge, since it is given the opportunity to bring doubts and knowledge to be debated[1].

It is noteworthy that the language of easy understanding was fundamental, because the demonstration of interest from the participants' speeches, promoted a welcoming environment and exchange of knowledge identified in other studies[2].

It is observed that there is a systematic way of conducting the learning process, based on a triangulation proposal as indicated by the activity theory[14]. The interaction presents itself as articulating participants, mediating tools, community, organized from rules established by the proposal of the facilitator teacher considering the objective to be achieved in the waiting room.

The interactions carried out during the application of the educational action among the students and public in the waiting room, in the exchange of information and prior knowledge by the public, are fundamental in teaching-learning[8,11]. Thus, the use of methodologies that favor public-student interactions contributes to the training of students. It is favorable to use such resources with collaborative learning, making it possible to instigate the students to seek information and promote the exchange of knowledge, in the face of problems and issues that were not previously thought of, but that arose throughout the interactions in each action performed[12].

According to a continuous process based on the notes in Box 2, having seen the objective of interacting and dialoguing with the community, it was possible to identify the adherence to the actions, also, the decrease of the recurring emotions of the waiting room, serving as an escape and reception valve[2]. Mediation, in this case, followed the planned path, in order to insert the phases of learning and made it possible to identify reactions arising from the communication and conviviality processes in the waiting room. An important point, in this case, was the technological mediation carried out by the products developed and also group dynamics in the same way observed in other studies[1,2].

In addition, the search for references on the subject, according to Box 2, identified evidence to be addressed in the actions based on experiences carried out in the waiting room. It enabled the reflection of issues that were not previously thought by those involved and, thus, contributed to the articulation of the development of equitable action in the process of exploring information in order to strengthen the changes in life habits of the participants in the waiting room[20,21]. In addition, the use of active methodologies was chosen with the intention of promoting interaction with the public, assimilating knowledge and according to the objectives proposed in the apprentice training process: to investigate, assimilate, collaborate and communicate. Therefore, it contributes to the process of promotion, health protection and prevention of diseases and injuries related to the themes addressed in the actions towards users and promotes social training in health.

In this path, the sociocultural baggage of those involved is considered, based on a plan aligned with the reality of the community, in order to arouse curiosity about the theme and stimulate the interaction of individuals who are present in the waiting room, overcoming traditional methods[1,7]. Regarding the action, the students assume the position of facilitators of the theme, making favorable the articulation between popular and technical-scientific knowledge[1]. In addition, because it is a dynamic environment, that is, of free movement of people; there is interaction, construction of bonds and dialogues between peers based on experiences and stories, motivating and contributing to health education actions and bringing community services closer[23].

It is pointed out that the university must break the "one-way" movement, exchanging it for the "two-way" movement, in which the university not only takes the knowledge of its specialties, but brings experiences to the university student[24]. As a result, the integration of academia in teaching-service in health promotes benefits for students of various backgrounds, as well as for health services[24,25]. Thus, with the presence of students in the services, there is transformation of the work process, through new ideas and actions and, on the other hand, the action in the service contributes to the learning process by developing the students' skills[24].

The construction of activities is formed by subjects that are important in the process of conducting the action, acting and transforming to achieve a result, assisted by tools that improve communication and motivate those involved[13]. Therefore, technical tools are essential to interconnect the phases of the teaching and learning process, connecting actions in time and space, and stimulating the protagonism of those involved[13,14].

FINAL CONSIDERATIONS

The waiting room was configured according to a scenario of transformations of the subjects, demonstrating its too much importance in relation to the process of prevention, promotion and protection of health and reached, for the most part, adults and the elderly. The experience allowed the development of one of the main guidelines of the National Humanization Plan, the ambience. Thus, it was evidenced the importance of the approach of users passing through conventional spaces, valuing the educational practices in health developed by the nursing professional and/or nursing academic, contributing to the user's approach to the multidisciplinary team, involving him, consolidating knowledge and allowing him to be the agent of his own well-being.

Regarding the conduct of the teaching-learning process, it was identified that it has an essential role in the training of the students, instigating them to seek new knowledge and methodologies capable of collaborating positively in their professional journey and as critical citizens, the public-public and student-public binomials showed great interaction, adherence to actions and decreased emotions related to the process of illness or fear that may be present in a waiting room.

Regarding the construction and application of educational action in the waiting room of a basic health unit, the use of materials of easy access, understanding and availability was considered; because the space is most often composed of patients from various social and cultural classes and must be able to develop reflective thinking and knowledge in this population. It is important to note that the exchange of knowledge between the actors involved became a field for the development of a more humane and insightful professional to relate theory and practice in the construction of autonomy and empowerment of the patients, respecting the principles of the National Health Promotion Policy, given that it allowed interaction and time for knowledge exchanges between the participants.

In Stage 1, the intervention was limited to the use of a single database to search for evidence. Therefore, the objective of indicating the evidence to implement in-service training and in the process of implementing communication skills due to the CA workload is reiterated. There is also a limitation in the reach of all users present, since it is not possible to completely cover patients in both shifts of operation of the health unit, due to the dispersion, due to the flow of the unit.

Based on this experience, it is proposed that universities encourage the use of active methods by their students in the field of practice and health units incorporate in their activities, within their possibilities, works aimed at the waiting room, since it is a strategy capable of encompassing a large public and transcending the walls of the basic health unit, reaching the registered community. Studies on the profile of waiting rooms and the possibilities of educational interventions, permanent visual technologies and self-instructive are recommended.

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