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Teaching proposals

Didactic sequences related to the management of Primary Care.

For professors of lato sensu graduate courses in the area of health

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Presentation

OHello, professor, this material has suggestions for didactic sequences that you can use in lato sensu postgraduate courses in the health area that contain in their curriculum matrices content related to Health Management in the scope of Primary Care of the Unified Health System (SUS). The didactic sequences were built with the perspective of collaborating with teaching-learning processes, aiming at a qualified professional performance of their students.

summary

Didactic sequence 1

What the primary care coordinator does

Contextualization

Considering the need to develop strategies that can guarantee the organization of learning that involves interaction between students and teacher, in addition to approaching real situations, the proposed didactic sequence involves the use of a dialogued lecture, the use of diagnostic activities and evaluative, involving the use of digital tools such as learning platforms, to work on contents related to Primary Care Management, with a focus on the coordinator's work.

Dialogued lectures are considered a didactic strategy to expose content, so that there is involvement and active participation of students, requiring that students' prior knowledge be taken into account, and can be used in opening the pedagogical strategy.

The teacher must mediate by encouraging students to engage in discussions related to the object of study and to develop an articulation with reality, enabling the development of critical analyzes that can produce the construction of knowledge (ANASTASIOU; ALVES, 2015). The Kahoot digital tool, considered as a learning platform, enables the expansion of motivation, interest and learning efficiently, going against traditional teaching processes, becoming more assertive (RAMOS; CARDOSO; CARVALHO, 2020).

It is worth mentioning that the use of digital tools in the classroom can help the educational process, having a positive impact on everyone involved in this process, both students and teachers. Among the digital teaching tools available, platforms, cloud storage, virtual exercises, among others, can be used to offer more support to the teacher (BARROSO; ANTUNES, 2015).

Target Audience

This teaching strategy can be used in lato sensu postgraduate courses in the health area that contain in their curricular matrices contents related to Public Health Management in the scope of Primary Care of the Unified Health System (SUS).

Prior Knowledge

· Institutionalization process of the Unified Health System;
· SUS principles, guidelines and objectives;
· Community participation in the management of the SUS and intergovernmental transfers of financial resources in the area of health;
· Organization of the SUS, health planning, health care and inter-federal articulation;
· Principles and guidelines of Primary Care; Primary Care in the Health Care Network; Attributions of Primary Care Professionals; Work process in Primary Care.

Main goal

Promoting the construction of knowledge in a collaborative way about what the Primary Care coordinator does.

Specific objectives

·Understanding the managerial role played by Primary Care coordinators;
·Know the instruments and tools that can help Primary Care coordinators;
·Build possible ways to carry out in practice what the Primary Care coordinator does.

Estimated time

The teaching strategy will take place in four class hours, according to the following organization:
·Two class hours for the teacher, to carry out the initial presentation of the diagnostic activity and its development, with a subsequent dialogued lecture;
·One hour class to present the learning platform based on Kahoot games and the subsequent development of the game;
·One hour of class dedicated to completing the strategy, for analysis of possible Kahoot questions that have generated doubts or errors during the game. The time can still be used to indicate materials for further reading, in addition to closing with an evaluation by the class of the strategies used.

student management

The format for organizing the students' desks can be in a circle format, with the teacher as the class mediator.

didactic resources

Physical space: It is recommended to use a conventional classroom, with space for forming a circle with the chairs, placing a projection screen and space for attaching the cards to the side.

Materials: Colored rectangular cards made of cardboard or similar paper (20cm x 15cm) for the total number of students in the class, a larger card made of cardboard or similar paper (60cm x 15cm), markers or markers for the number of students in the class or so that everyone can see use them in a shared way, adhesive tape, computer, Datashow, projection screen, internet.

class development

Moment 1 (Classes 1 and 2 – 02 hours) – Initially, the teacher should explain the diagnostic activity to the class, its purpose and how it will progress.

diagnostic activity

The activity consists of the use of a questioning by the teacher to identify the knowledge that students have in relation to Primary Care Management. The consequences of this questioning will be the starting point for the class.

The teacher should start by pasting the following question on a wall next to the projection screen, with a large letter visible to the whole class: "In your opinion, what does a Primary Care coordinator do?"

Then, the teacher should randomly distribute the pilots and smaller colored cards, one for each student, asking them to respond to the question on the card. The teacher should allow 15 minutes for students to complete their cards. Then, the teacher should collect the cards and fix them on the wall with adhesive tape, just below the questioning. Then, the teacher should start the lecture with dialogue and use the cards with the students' responses whenever necessary, performing an analysis of the cards with the students.

Dialogued expository class

When starting the dialogued expository class, the teacher must explain the purpose of the strategy used and how the whole process will take place. The slides to be used should include content related to what the Primary Care coordinator does, namely: Work Management; Work Process Management; Management of Permanent Education in Health; Information Management in Primary Care; Management of resources and technologies and Management of results. During the exhibition of the slides, the teacher must ask triggering questions to carry out the dialogue with the students.

Suggestion of slides for use in the expository dialogue class:

Suggestion of slides for use in the expository dialogue class: Access link to suggested slides:

https://docs.google.com/presentation/d/1zXN0aGhb40HkSKONdU1r1_GU4LwX3Sd8/edit?usp=sharing&ouid=106484067035280244783&rtpof=true&sd=true

Suggested trigger questions:

1. Could someone give practical examples of how an articulation between managers and workers could occur?

2. In practice, how can the Primary Care coordinator keep up to date with the norms and guidelines that affect Primary Care?

3. How can the coordinator mediate conflicts between professionals?

4. Could someone cite a practical example of intersectoral articulation?

5. What is the Health Care Network and what does Primary Care have to do with it?

6. Could someone exemplify an institutional support action?

7. What are the Health Information Systems that can help the Primary Care coordinator?

8. How to develop feedback with professionals?

9. Cite examples of dissemination of local health information to the population, in addition to what has already been mentioned.

10. Could someone cite a practical example of how to carry out Permanent Education in Health?

11. How can the coordinator evaluate Primary Care services?

12. Cite examples of how it is possible to carry out participatory management.

Moment 2 (Class 3 - 01 hour) - After the end of the dialogued expository class, the teacher should take a break for a few minutes, for the students to rest. Then, the teacher should explain what strategy will be used at the moment and what is its objective. The teacher must make use of a Quiz on the Kahoot game-based learning platform. The teacher can build his own Quiz or use the suggestion developed by the author of this study and which is already available on the Kahoot platform. The Quiz aims to reinforce learning and evaluate its achievement by students. So that the teacher must make corrections to questions that are not answered correctly and also clarify possible questions.

The teacher should explain to students how to access the platform and how the Quiz will progress. The teacher should only talk about the award at the end of the game.

Students need to be connected to the internet and create a login and password on the platform.

Platform access link:

https://kahoot.com/schools-u/

The teacher must ask students to search in the search tool available on the platform: Evaluative Activity – Primary Care Management.

The quiz has questions in two formats, with "true or false" and "multiple choice" alternatives. All questions will be related to the contents worked during the dialogued lecture. The platform generates a ranking among students, with scores updated in real time throughout the game, with the three students who are performing the best during the game being displayed on each student's cell phone screen, for each question. The faster and more assertive the student is, the higher the quiz score.

Moment 3 (Class 4 – 01 hour) – The teacher must carry out an analysis with the class of the questions that presented the highest number of errors, where the teacher must clarify such questions. It should also clarify any possible doubts that may have arisen during the game. Then, the teacher should suggest materials for further reading in order to qualify the learning process.

Additional Reading Suggestion:

NATIONAL HEALTH COUNCIL. Primary Care in the city. In. _____. SUS municipal manager's manual – Dialogues in everyday life. 2nd ed. Brasília, 2021. p. 294-323. Available at: https://www.conasems.org.br/wpcontent/uploads/2021/02/manual_do_gestor_2021_F02.pdf Accessed on: 27 Mar. 2022.

Then, the teacher must conclude the class with an evaluation of the methodologies used by the students. The teacher should ask students to access a link on the Poll Everywhere platform and evaluate the strategies that were used in class. The teacher can create his own evaluation questions and insert them in the platform or use the evaluation instrument created by the author of this study. The teacher must register on the platform in advance.

Suggested questions and simulation on the platform:

1. What did you think of the strategies used by the teacher?
a) Very good; b) Good; c) Neither good nor bad; d) Very bad;

2. How would you rate the conduct of the class by the teacher?
a) Very good; b) Good; c) Neither good nor bad; d) Very bad;

3. Is there anything you didn't like about the class? If yes, what?

4, Do you have any suggestions for future classes?

5. How do you evaluate your participation during classes?

a) Muito boa. Participei ativamente de todas as atividades propostas e aprendi os conteúdos.
b) Boa, mas preciso melhorar e participar mais ativamente das atividades propostas.
c) Ruim, não aprendi os conteúdos embora tenha participado das atividades propostas.
d) Muito ruim. Não aprenda os conteúdos e nem participe das atividades propostas.

Learning follow-up

Students' learning will be continuously evaluated by the module/discipline teacher during all moments proposed by the teaching strategy used. The evaluation will add up to 10 points, to be distributed as follows: 05 points – reflective contributions responding to questions raised during the dialogued lecture; 05 points – assertive answers to the quiz (10 questions, each worth 0.5 points).

Conclusion/Outcome of the class

The use of the proposed didactic sequence to facilitate the teaching-learning process can guarantee the construction of knowledge in a collaborative way between the teacher and the students. Enabling students to actively explore the theoretical concepts worked on and develop their applicability in future practices.
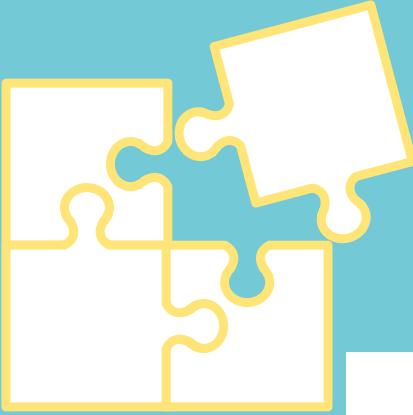
Didactic sequence 2

Permanent Health Education as a strategy to strengthen Primary Care management.

Contextualization

The use of digital technologies enables the development of innovative pedagogical applications, which can help to achieve unique positive results, directly affecting the quality of the teaching-learning process (ARAÚJO, 2012).

New forms of learning can be built through the use of digital tools, such as text editors, which allow the construction of collective texts, games, interactive whiteboards, among other tools that can be used through the use of computers, notebooks, tablets and cell phones in the classroom, as excellent instruments that allow access to content and new experiences (ARAÚJO, 2012). In this perspective, this didactic sequence will use as a teaching-learning strategy, the collaborative writing of text in the classroom and outside it, through the use of the text editor Google Docs as a digital tool that allows the collaborative construction in a synchronous and asynchronous between students.
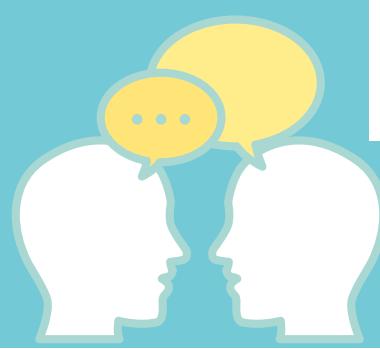
Schäfer, Lacerda and Fagundes (2009) state that the use of digital tools such as Google Docs favors, in addition to an effective learning process, expression, understanding and communicative efficiency of students. The use of this text editor makes it possible to produce, discuss and make simultaneous changes to shared documents, as well as allowing the teacher to monitor and identify the students responsible for each edition and the data modified at each adjustment in the file, through the history of revisions available in the system (SCHÄFER; LACERDA; FAGUNDES, 2009). By mediating the process of collaborative construction among students online in Google Docs, the teacher creates conditions for individual management in the construction of students and, mainly, collective management (SCHÄFER; LACERDA; FAGUNDES, 2009).

This didactic sequence will also be used as a teaching-learning strategy, conversation circles for shared reading and discussion related to the Guide to Permanent Education in Health and to the Program for Strengthening Practices of Permanent Education in Health in SUS (PRO EPS-SUS) that will help in the construction of the collaborative text. It should be noted that the conversation wheel is considered an active innovative teaching-learning methodology, which enables the participation and involvement of the target population, generating effectiveness in such a process (BARROS et al., 2018).

The didactic sequence addresses content related to Primary Care Management with a focus on Permanent Health Education (EPS) as essential content for the work of the Primary Care coordinator, in view of its potential to promote the transformation of professional practices and work organization in Care Basic.

Target Audience

This teaching strategy can be used in lato sensu postgraduate courses in the health area that contain in their curricular matrices contents related to Public Health Management in the scope of Primary Care of the Unified Health System (SUS).

Prior Knowledge

·Principles and guidelines of Primary Care; Primary Care in the Health Care Network; Attributions of Primary Care Professionals; Work process in Primary Care.
·What the Primary Care coordinator does: Work Management; Work Process Management; Management of Permanent Education in Health; Information Management in Primary Care; Resource and technology management; Results management.

Main goal

Promote discussions, critical and reflective analyzes through the construction of knowledge related to EPS in a collaborative way, through the use of active methodologies, aiming to involve students and bring them closer to essential content for Primary Care coordinators.

Specific objectives

·Know EPS in more depth;
·Know PHE possibilities as a strategy for transforming work processes;
·Know PRO EPS-SUS as a strategy.

Estimated time

The teaching strategy will take place in four class hours, according to the following organization:

·Two class hours dedicated to the teacher, for the initial presentation of the proposed activities, division of the class into small groups and availability of materials for group reading and subsequent discussion;

· Two class hours dedicated to the development of collaborative writing of a text on how to implement EPS in Primary Care and its importance for the coordinator. Closing with an evaluation of the strategies used is also planned.

student management

The classes should be grouped into small groups to read the material and discuss it in a circle format, at first. At the end of the discussion, students should form a single circle with the chair arrangements. Then there will be the construction of collaborative writing. The teacher will be the mediator.

Didactic resources

Physical space: It is recommended to use a large classroom, in order to allow better organization and arrangement of small groups, but which also have desks with adequate support for students' notebooks, with availability of sockets for possible charging needs .
Materials: Internet availability to ensure access for all students to online materials, Google Docs and the assessment link on the Poll Everywhere platform.

class development

Moment 1 (Class 1 and 2 – 02 hours) – Initially, the teacher should explain to the class the teaching strategies to be used, the objectives and how the class will progress. Then, students should be divided into small groups and positioned in a circle. After grouping the students, the teacher should provide access links to materials related to EPS and request a collective reading within each group. The teacher should guide the members of each group to participate in the readings and hold a conversation circle to discuss the materials. The teacher must determine the duration of each moment so that students can manage the time.

Suggestion of materials for reading and discussion in the conversation circles:

ALAGOAS, State Department of Health of Alagoas. Permanent Health Education Guide (EPS). Maceió, 2018. 27.p. Available at: http://educasesauead.saude.al.gov.br/pluginfile.php/1556/mod_resource/content/3/CARTILHA_EPS_ONLINE.pdf. Accessed on: 10 Feb. 2022.

BRAZIL, Ministry of Health. Program for the Strengthening of Permanent Health Education Practices in the SUS (PRO EPS-SUS). In:_____. National Policy for Permanent Education in Health: what has been produced to strengthen it? Brasília: 2018. p23-31. Available at: https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_educacao_permanente_saude_fortalecimento.pdf. Accessed on: 10 Feb. 2022.

Moment 2 (Classes 3 and 4 – 02 hours) – After completing the conversation circles related to the materials made available, the teacher should instruct the students to form a single circle with the chairs. Then, the teacher should reinforce the objective of the next activity, collaborative writing, as well as the step-by-step guide to how Google Docs works. Then, the teacher must share the file on Google Docs, where synchronous and asynchronous collaborative writing must be carried out. Students must construct a text guided by the following question: What is it, what is its importance for the Primary Care coordinator and how to implement EPS?

The teacher should make it clear to the students that he will be monitoring the progress of the collaborative writing process and that the file makes it possible to identify the participation of each student, as well as the changes that are made during the writing construction process. An important factor that needs to be highlighted is that the teacher must inform the students that drafts of their contributions are being created in word, before inserting them in the shared file and, when a student is writing in the shared file, the others must wait until there is a pause before being able to insert them one by one. In case of completion of the class schedule, the teacher must guide the conclusion of the text as an activity for homework, in an asynchronous way, establishing the maximum deadline for its completion.

At the end of the class, the teacher should leave available the access link to the Poll Everywhere platform for evaluation of the teaching-learning strategies used, as well as the conduction of the class by the teacher. The teacher can create his own evaluation questions and insert them into the platform or use those that have already been built by the author of this study. The teacher must register on the platform in advance.

Learning follow-up

Students' learning should be evaluated by the module/discipline teacher on a continuous basis during all moments proposed by the teaching strategies used. The evaluation will add up to 10 points, to be distributed as follows: 05 points – involvement and participation in the collective reading of the proposed materials and critical and reflective contribution in the conversation circles; 05 points – authoring skills, productivity and critical positioning in collaborative writing.

Conclusion/Outcome of the class

Through the use of active methodologies as a teaching-learning strategy involving the use of digital technologies, it is possible to produce knowledge in a collaborative way, with the development of essential skills and attitudes for students to bring them closer to essential contents for the coordinator of Primary Care.
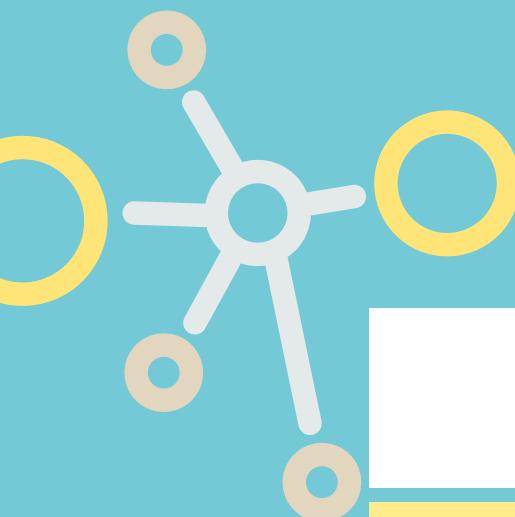
Didactic sequence 3

Health Care Networks as a strategy to guarantee access and qualification of care management.

Contextualization

The proposal of the work of the Health Care Networks (RAS) in the classroom intends to emphasize essential contents for the management of Primary Care, with the perspective of guaranteeing access and effectively managing care.

In this didactic sequence, active methodologies will be used as teaching-learning strategies for the work of the RAS. These methodologies are related to the perception of a teaching and learning process that relies on the active involvement of students in conducting their own learning, through different ways that enable effective participation in this process, aiming at quality learning (MORAN, 2018).

It is worth mentioning that the multiplicity of methodological strategies that are used in the construction of classes is considered an important tool, as it enables critical thinking related to the importance of using these methodologies to contribute to student engagement (MORAN, 2018). Moran (2018) also points out that learning through transmission is important, however learning arising from inquiries and experiences is more relevant to broaden understanding and deepening.

Target Audience

This teaching strategy can be used in lato sensu postgraduate courses in the health area that contain in their curricular matrices contents related to Public Health Management in the scope of Primary Care of the Unified Health System (SUS).

Prior Knowledge

·Organization of the Unified Health System – SUS, health planning, health care and inter-federative articulation;
·What the Primary Care coordinator does: Work Management; Work Process Management; Management of Permanent Education in Health; Information Management in Primary Care; Resource and technology management; Results management.

Main goal

Bring students closer to the RAS theme, as well as its guidelines, as essential content of knowledge and mastery for Primary Care coordinators, to qualify their work in search of guaranteeing access to health and effectively managing care in a network, through the use of active methodologies for the construction of knowledge in a collaborative way.

Specific objectives

·Understand why the organization of SUS should be in RAS;
·Understand the concept of RAS, its fundamentals and necessary attributes;
·Know the RAS as a strategy to overcome the fragmentation of health care and qualify the management of care.

Estimated time

The teaching strategy will take place in four class hours, according to the following organization:

·One hour dedicated to the teacher, to carry out the initial presentation of group reading, division of the class into small groups, availability of links with materials for reading and reading of materials;
·One hour dedicated to the discussion of reading materials, with mediation to be carried out by the teacher;
· Two hours dedicated to the teacher to present the activity of building short reviews as an educational resource and their subsequent construction with their respective posts on social media.

student management

Students will be grouped into small groups and the teacher will be the mediator.

Didactic resources

Physical space: It is recommended to use a large classroom, in order to allow better organization and arrangement of small groups and that also have desks with adequate support for students' notebooks, with availability of sockets for possible charging needs.
Materials: Availability of internet to ensure access by all students to online materials, programs and social media for the development of the activity. The teacher should ask students to bring their laptops to class.

class development

Moment 1 (Class 1 – 01 hour) – Initially, the teacher should explain to the class the teaching strategy to be used, its purpose and how the class will take place. Then, students should be divided into small groups. After grouping the students, the teacher should provide the access links to the materials for group reading. The teacher should make clear the time available for reading.
Suggested reading materials

BRAZIL. Ordinance No. 4279, of December 30, 2010. Establishes guidelines for the organization of Health Care Networks. Official Gazette of the Federative Republic of Brazil. Brasilia, Dec. 2010. Attachment. Available at: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2010/anexos/anexos_prt4279_30_12_2010.pdf Accessed on: 10 Feb. 2022.

MENDES, EV. Situations of health conditions and health care systems. In: _____. Health Care Networks. 2nd ed. Brasilia, 2011. p. 50-59. Available at: https://www.conass.org.br/bibliotecav3/pdfs/redesAtencao.pdf Accessed on: 10 Feb. 2022.

Moment 2 (Class 2 – 01 hour) – After completing the group reading, the teacher should mediate the discussion in a circle, using triggering questions.

Suggested trigger questions:

1. What is RAS?

2. Why organize SUS into RAS?

3. What are the attributes of RAS?

4. What are the indispensable elements for the constitution of an RAS?

5. Do you perceive RAS in your reality? How does it work?

6. What are the limits of RAS currently?

7. What has been done to qualify the RAS?

Moment 3 (Class 3 and 4 – 02 hours) – After finishing the moment of discussion, the professor must present the next strategy to be used. Explaining to the students that they should carry out the individual construction of small reviews about the contents discussed during the class, so that the review can be used creatively as an educational resource to sensitize professionals, managers and the entire population about the importance of RAS . The teacher should provide options for digital platforms that can help students in their productions.

Graphic design platform suggestion

Free Canva: https://www.canva.com/pt_br/

Video platform suggestion

Animaker: https://www.animaker.co/

Students must choose a social media for their productions to be disseminated. The teacher must advise students in the analysis of their productions before posting them, to prevent possible errors from being disclosed. Students must inform in which social media they will disclose and must provide access to the teacher, tag him in the post or forward a print Screen, to prove the disclosure.

At the end of the class, the teacher must leave available the access link to the PollEverywhere platform for evaluation of the teaching-learning strategies used, as well as the conduction of the class by the teacher. The teacher can create his own evaluation questions and insert them in the platform or use the suggestions built by the author of this study. The teacher must register on the platform in advance.

The teacher can also suggest complementary materials for students to study at home:

Supplementary material suggestions:

·BRAZIL. Resolution No. 37, of March 22, 2018. Provides for the Integrated Regional Planning process and the organization of health macro-regions. Official Gazette of the Federative Republic of Brazil. Brasilia, Mar. 2018. Available
 at:https://bvsms.saude.gov.br/bvs/saudelegis/cit/2018/res0037_26_03_2018.html#:~:text=Disp%C3%B5e%20sobre%20o%20processo%20de,o%20inciso%20I %20do%20art.Accessed on Feb 10, 2022.
·MENDES, E.V. Class on Health Care Networks. SUS Easy. Youtube. Available at: <https://www.youtube.com/watch?v=SYo9DFUCGeO>. Accessed on: 10 Feb. 2022.

Learning follow-up

Students' learning will be continuously evaluated by the module/discipline teacher during all moments proposed by the teaching strategies used. The evaluation will add up to 10 points, to be distributed as follows: 04 points – contribution in an argumentative way in discussions regarding the guiding questions; 05 points – creative construction of the review and dissemination on social media; 01 point – participation in the evaluation of the teaching strategy used.

Conclusion/Outcome of the class

It is expected that the use of active methodologies for RAS work will help students to approach the real scenarios of their future practices, both in the management area and in the assistance area, enabling a deepening of the theme and the construction effective knowledge sharing in a collaborative way.

Didactic sequence 4

Difficulties facing health crisis scenarios.

Contextualization

Primary Care in Brazil has faced difficulties during the COVID-19 pandemic, which are related to public health management in a scenario that precedes the health crisis (GOMES et al., 2021). As the SUS was already dealing with political-administrative deficits before the pandemic, the health crisis ended up having a higher degree of limitation than expected, especially when compared to other health systems in which management is well coordinated in its financial and bureaucratic sphere (GOMES et al., 2021). Given the importance of this theme, this didactic sequence was constructed to collaborate with the training of future professionals who will be able to work in health management as coordinators of Primary Care, with the aim of bringing them closer to these difficulties that are being experienced during the pandemic and the way in which Primary Care has been organized in the midst of the health crisis, so that they can build reflections that will qualify their future professional practices.

In this didactic sequence, the active methodology will be used as a teaching-learning strategy, which allows the student, according to Valente (2018), a more participatory posture, with active involvement in solving problems and developing projects, which creates means for the effective construction of knowledge. The methodology to be used will be the inverted classroom, where the student studies the content in advance and the classroom becomes the place of active learning, with the development of practical activities, questions, discussions and the receipt of feedback to be developed by the teacher (VALENTE, 2018).

Target Audience

This teaching strategy can be used in lato sensu postgraduate courses in the health area that contain in their curricular matrices contents related to Public Health Management in the scope of Primary Care of the Unified Health System (SUS).

Prior Knowledge

·Principles and guidelines of Primary Care; Primary Care in the Health Care Network; Attributions of Primary Care Professionals; Work process in Primary Care.
·What the Primary Care coordinator does: Work Management; Work Process Management; Management of Permanent Education in Health; Information Management in Primary Care; Resource and technology management; Results management.
·Permanent Health Education in Primary Care.
·Health Care Networks and their interface with the work of the Primary Care coordinator;

Main goal

Develop learning related to Primary Care in a scenario of health crisis, through the use of an active methodology that can effect the construction of knowledge in a collaborative way, through the participation and active involvement of students, to enable qualified future professional practices in the coordination of the Basic Attention.

Specific objectives

·Know the difficulties being faced by Primary Care during a health crisis;
·Learn about experiences of how Primary Care has reorganized its work processes to face a health crisis scenario;
·Identify the contributions of Primary Care in the face of a health crisis;
·Build new possibilities so that Primary Care can effectively deal with health crises.

Estimated time

The teaching strategy will take place in four class hours in the classroom, according to the following organization:

·One hour dedicated to class discussion related to the materials studied at home, with mediation to be carried out by the teacher through questions constructed through the difficulties identified in the evaluation activity developed before the class by the students and, division of the class into small groups with presentation the activity proposed for the classroom: presentation in a creative way, in groups, of how Primary Care in municipalities can effectively organize themselves to face health crises;
·Two class hours for the groups to build their presentations in a creative way;
·One hour of class for group presentations and feedback from the teacher.

student management

Initially, students should be in the organization in a circle format for the discussion moment. After the discussion, in a second moment, the students should be grouped in small groups for the development of the activity. And, in a third moment, the students should form a circle to carry out the group presentations and close with feedback from the teacher. The teacher should be the mediator at all times.

Didactic resources

Physical space: It is recommended to use a large classroom, in order to allow better organization and arrangement of small groups and a single circle with the whole class.
Materials: Cardboard, pilots, A4 sheets and pens.

class development

One week before the class, the teacher should provide scientific articles with the contents to be studied by the students and ask them to respond to the evaluation activity that consists of a synthesis of the contents responding to the questions prepared by the teacher.

Link suggestion for scientific articles:

CABRAL, E. R M. et al. Contributions and challenges of Primary Health Care in the face of the COVID-19 pandemic. InterAmerican Journal of Medicine and Health. Uberlândia, v. 3, p. 1-12, 11 Apr. 2020. Available at: https://iajmh.emnuvens.com.br/iajmh/article/view/87. Accessed on: 10 Mar. 2022.

CIRINO, F. M. S. B. et al. Challenges of primary care in the context of COVID-19: the experience of Diadema, SP. Brazilian Journal of Family and Community Medicine. Rio de Janeiro, vol. 16, no. 43, p. 2665, 2021. Available at: https://rbmfc.org.br/rbmfc/article/view/2665. Accessed on: 11 Mar. 2022.

PEREIRA, Á. A.C. et al. Reorganization of the Primary Health Care work process during the fight against the COVID-19 pandemic: an experience report. JMPHC Journal of Management and Primary Health Care. v. 13, p. e024, 2021. Available at: https://www.jmphc.com.br/jmphc/article/view/1136. Accessed on: 11 Mar. 2022.

ORDONIO, A.D.C. et al. Primary care services in the face of the covid-19 pandemic. Brazilian Journals of health Review. Curitiba, v.4, n.1, p.2260-2277, Jan/Feb. 2021. Available at: https://www.brazilianjournals.com/index.php/BJHR/article/view/23997.
Accessed on March 10, 2022.

Suggested questions for the evaluation activity:

-Based on your studies, how do you identify the role of Primary Care in facing a health crisis?

·What are the difficulties encountered in the experiences of Primary Care in facing a health crisis and which are in common with the difficulties that you have already been able to identify in the municipality where you live?

·What were the contributions of Primary Care in facing the health crisis that you identified in the study material? In the municipality where you live, was it possible to identify other contributions? If yes, describe them. If not, justify your answer.

·How did Primary Care reorganize its work processes to face a pandemic? what has changed?

·Do an analysis of the strategies that have been used by Primary Care to face a health crisis.

The evaluation activity must be recorded by the students in a file in pdf format and sent to the teacher via email two days before the class. In this way, the teacher will be able to access the students' productions and find out what were the reflections made and what were the critical points of the studied materials that need to be resumed in the classroom.

Moment 1 (Class 1 – 01 hour) – Initially, the teacher should provide feedback on the activities, with a subsequent opening of a moment of discussion related to the critical points identified by the teacher in the evaluation activities. The teacher should go back to certain points of the contents to facilitate the discussion. Students should be encouraged to participate. The teacher must inform the time allotted for the moment.

Moment 2 (Classes 2 and 3 – 02 hours) – The teacher must present the next activity to be developed in the classroom: a creative and group presentation of how Primary Care in municipalities can effectively organize themselves for the coping with health crises. Then, the teacher should divide the class into small groups and request the development of the activity. The teacher must inform the time allocated for the activity.

Moment 3 (Class 4 – 01 hour) – After completing the construction of the presentations by the groups, the teacher should ask the whole class to organize their chairs in the shape of a single wheel. Then, the teacher must draw randomly the order of presentation of the groups and inform the time allotted to each group for presentation.

After each presentation, the teacher can pose some questions to the class and mediate small discussions. At the end of all presentations, the teacher should provide feedback from students and close the class.

Learning follow-up

Students' learning will be evaluated by the module/discipline teacher continuously at all times through the proposed activities. The evaluation will add up to 10 points, to be distributed as follows: 04 points – in the development of the evaluation activity; 02 points – contribution in an argumentative way during discussions in the classroom; 04 points – active participation in the construction and presentation of the group activity.

Conclusion/Outcome of the class

The active methodology adopted in this didactic sequence as a teaching-learning strategy enables the student to be the protagonist of his own learning, through engagement in practical activities, which lead the student to develop his critical and reflective capacity related to the proposed contents, in addition to to learn to interact between the class and the teacher, to exercise their argumentative capacity, to explore their ideas and creativity and, above all, to build knowledge in a collaborative way.
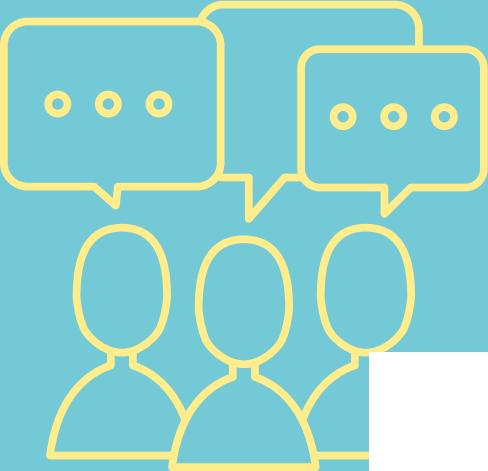
Didactic sequence 5

Case study.

Contextualization

Due to the possibilities of active involvement of students in the formative teaching-learning processes, the use of case studies has been considered promising and increasingly recommended as a teaching strategy (GRAHAM, 2010).

In this type of teaching methodology, of case study, the center of attention is directed to the students; and the teacher exclusively assumes the role of facilitator of the learning process, with the duty of collectively awakening interest, stimulating the active participation of students and encouraging the production of ideas, analyzes and conclusions regarding the subject under study (GRAHAM, 2010).

It is noteworthy that the case study is a teaching strategy used, mainly, in the involvement of real case problems and in reflective situations. This fact enables significant learning possibilities, such as the ability to generate discussions addressing problem situations and obtaining elements that allow decision-making and the proposition of innovative solutions, associated with its investigative characteristic that makes it possible to solve real problems (CAMARGO; DAROS, 2018).

Thus, considering the training potential that carries the case study as a teaching strategy, it is believed that the use of this type of methodology can collaborate with the training processes of professionals in the health area, whether in the undergraduate or graduate level. -graduation. For this reason, this chapter sought to present a teaching proposal based on this type of case study methodology, whose proposed purpose is to train health professionals for Primary Care Management.

It is noteworthy that at the level of health in Primary Care there is a set of problems and challenges that need to be faced on a daily basis by the management team, such as: coordination of processes for formulating and implementing health policies, in addition to insufficient resources, scarcity and/or disqualification of human resources, lack of investment in the qualification of professionals, lack of technological tools to support management and the centralization of power to low-qualified professionals (BARBOSA, 2016). The thesis is supported that the use of case studies could help in reflective and decision-making processes, which supposedly could contribute to overcoming the challenges experienced by the management of Primary Care, in the sense of enabling the expansion of access to health services by the population, comprehensive care and better use of available public resources (PIRES et al., 2019).

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Target Audience

This teaching strategy can be used in lato sensu postgraduate courses in the health area that contain in their curricular matrices contents related to Public Health Management in the scope of Primary Care of the Unified Health System (SUS).

Prior Knowledge

·SUS principles and guidelines;
·Consolidation Ordinance No. 2, Annex XXII (National Primary Care Policy): Principles and guidelines for Primary Care; Primary Care in the Health Care Network; Attributions of Primary Care Professionals; Work process in Primary Care;
·What the Primary Care coordinator does: Work Management; Work Process Management; Management of Permanent Education in Health; Information Management in Primary Care; Results management.

Main goal

Promote reflective analysis, discussion and the construction of resolving mechanisms for Primary Care Management in real situations of complexity experienced by municipal coordinators. Aiming to broaden the experiences of students related to content already worked in the classroom.

Specific objectives

·Identify and correlate to the case concepts related to Health Management and what the Primary Care coordinator does;
·Know situations that express difficulties and challenges faced by Primary Care coordinators;
·Apply SUS guidelines to the case considering health management.

Estimated time

The teaching strategy will take place in four class hours, according to the following organization:

·One hour of class dedicated to the teacher, to carry out the initial presentation of the case study, division of the class into small groups, distribution of the case with guiding questions for the study;
·One class hour for the groups to read the case and discuss the guiding questions;
·Two class hours to present the solutions proposed by each group with arguments based on theoretical content already worked on in the classroom. In addition to closing with an evaluation of the strategy used.

student management

The classes will be grouped into small groups and the teacher will be the mediator.

Didactic resources

·Physical space: It is recommended to use a large classroom, in order to allow better organization and arrangement of small groups.
·Materials: Printouts of the case with the guiding questions, sheets and pens to document the records produced by the groups.

class development

Moment 1 (Class 1 – 01 hour) – Initially, the teacher should explain to the class the teaching strategy to be used, what are its objectives and how it will progress. Then, students should be divided into small groups. After grouping the students, the teacher should distribute the case study, along with the guiding questions of the case, in addition to sheets so that the groups can document the records constructed by the groups in their discussions. The teacher must determine the duration of each moment so that students can manage the time.

Case John

  This case study addresses certain situations, problems and challenges encountered in the management of Primary Care by a coordinator of a small municipality, who seeks to solve the case of a 15-year-old boy.
  On a Wednesday morning, the coordinator of Primary Care received a call from a professional who is part of the Expanded Nucleus of Family Health and Primary Care (NASF-AB), a psychologist, to deal with a demand characterized as urgent. The professional requested a meeting with the coordinator to discuss the case, as she reports that her team was not achieving resolution. The coordinator, in turn, scheduled a meeting for the same day with the professional, to analyze the case and build articulated measures that could help the demand in question.
  The case consists of the difficulty of health professionals regarding the management of a 15-year-old adolescent, impulsive, with difficulties with rules and limits, who makes abusive use of electronic games, who has been using alcohol on a weekly basis, with removal from the scope school and resistance to accept health care offered by health professionals. The adolescent has a supposed mental disorder, which is still in the diagnostic phase due to the adolescent's resistance to receiving the care offered by professionals.
  The case arose through the Tutelary Council, which received the demand through the teenager's relatives, who had sought help from the guardianship counselor of the territory. Then, the case was forwarded to the Social Assistance Reference Center (CRAS), which, in turn, directed it to health. Because there is no defined reference and counter-reference flow and articulation between the municipal sectors, the referrals to the sectors were verbal, where the family members sought the services to pass on all the information, with no prior contact between the professionals of the sectors involved. .
  In the health sector, who had the first contact with the case, through the teenager's relatives, was the NASF-AB psychologist. When sought, the professional listened to the family members and carried out home visits, on a uniprofessional basis, in order to better understand the case and develop interventions with the patient and their family members. During monitoring by the professional, it was identified that the teenager had a history of family conflicts in the last two years, which is why he stopped living with his mother (reports indicate threats by the teenager to his mother and five-year-old sister age). After leaving to live with his mother by his own will, the teenager started to live with his father.

This coexistence lasted only four months, which ended after conflicts and a situation of aggression between the teenager and his father through the use of a bladed weapon. Due to the events and due to demand, the teenager started to live alone in a house made available by his relatives, only going to his maternal grandmother's house for meals. The teenager spends most of the morning and afternoon hours alone, in the home he currently lives in, and at night, he stays with friends little known to his family, in a village close to the region. The context of adolescents' threats to their family members continues continuously, involving the demand for money. After just over a month of monitoring the case, the psychologist reports that the patient refuses to continue the follow-up and health actions that were being offered. When sharing the case with the other members of the NASF-AB, the team did not find possibilities for resolving the case. The psychologist then resorted to other professionals in Primary and Specialized Care, such as the Family Health Team (eSF) nurse and the outpatient psychiatrist; in addition to resorting to CRAS professionals, who already knew the case.

From then on, the psychologist, together with the CRAS professionals, the nurse and the psychiatrist, tried several interventions simultaneously, such as: psychotherapy, home care, scheduling exams, assessment at home, leisure activities to build bonds; however, the actions were parallel and unsuccessful, as the teenager remains in an aggressive, resistant posture and refusing any intervention. The professionals decided to interrupt the follow-up after the teenager recorded videos to intimidate family members and after threats to the professional psychologist in an attempt at psychotherapy. It was from then on that the professional decided to resort to the coordination of Primary Care to manage the case. The coordinator with the sector initially advised the professional to carry out a police report to record the threats she received and not insist on the development of psychotherapy. He wrote down all the details of the case and agreed with the professional to pass it on to the Municipal Secretary of Health and the Secretary of State for Health, for the creation of new measures.

The coordinator scheduled a meeting with the municipal health manager, transferred the case and then contacted the State Department to obtain guidance regarding the management of the case, as they found themselves limited in their resolution after analyzing the contexts. The Mental Health coordinator at the State level provided guidelines for the municipality to develop interprofessional and intersectoral actions and to explore its Health Care Network devices and social equipment in order to seek resolution of the case at the municipal level, only after all the possibilities had been exhausted. attempts, the State can intervene directly in the case. The mental health coordinator made herself available to provide supervision of the case to the professionals. The Primary Care coordinator accepted and the psychologist started to maintain direct contact with the State coordinator.

The coordination of Primary Care together with the sector and with the assent of the secretary, decided to make telephone contact with the CRAS, with the coordination of the school where the teenager studied, with the other professionals of the NASF-AB and with the eSF to try to initiate an articulation between sectors. It is worth noting that the Health Care Network in the municipality is restricted, as it only has Primary Care, with eSF and specialized care, with the specialties of six doctors at an outpatient level.

Initially, the coordinator was only able to obtain a brief response from CRAS. A visit to the teenager was proposed in an articulated way, in order to try to carry out a listening and, through it, try to sensitize the teenager to adhere to the care offered. The visit took place the following week after the initial contact, with the presence of the CRAS lawyer, the psychologist, the coordinator and director of Primary Care. The action agreed upon for the visit was to try to demonstrate to the teenager the possibilities and possible perspectives for follow-up, in addition to the importance of returning to school and living with family members, because by law, the teenager cannot live alone and is not out of school. . It was also agreed to visit maternal and paternal family members to request engagement in the care actions that would be offered.

During the visit, the adolescent was initially resistant, however, during the course of the conduct, he accepted to be under the care of his maternal grandmother, return to school and be monitored by health professionals and by CRAS. When visiting family members, everyone showed interest in collaborating with the process of monitoring the teenager.

Upon returning from the visit, the coordinator held a meeting with CRAS professionals to carry out an analysis of the visit and agree on new actions. During the meeting, actions were proposed such as: continuity in medical follow-up, evaluation and nutritional follow-up and by the physical education professional, psychological follow-up, inclusion of the patient in a social group for adolescents, follow-up by the Community Health Agent (ACS), consultation dentistry and nursing, in addition to returning to school.

After the meeting, the coordinator made telephone contact with all the professionals who would be part of the constructed strategy, however, she had difficulty in communicating with most of the professionals. There was immediate unavailability on the part of some professionals, under the allegation of a waiting list for care. However, others accepted immediately. A medical appointment was scheduled for the following week. A car was also scheduled to transport the teenager. He attended accompanied by his aunt and agreed to remain in follow-up. He also performed psychotherapy on the same day.

The professionals reported the effectiveness of the interventions. However, the following week, on the day of the nutritional assessment and the Physical Education professional's, the adolescent did not show up on the grounds that the eSF professionals had scheduled vaccinations at the Basic Health Unit at the same time. The following week, the patient also did not show up on the grounds of difficulty in transport to travel to the services. The coexistence center that agreed to insert the adolescent in the group, informed that it would be in touch to communicate when the adolescent could be part of the group, however, it did not make further contact with the coordinator of Primary Care. The school coordinator informed that education professionals would make a home visit to explain the dynamics of remote teaching to the teenager and their family members, given that face-to-face classes were suspended due to the COVID-19 pandemic scenario. However, after 03 weeks, no contact was made by the school with the teenager and his family.

The Primary Care coordinator discusses with her sector and the health secretary about the various problems they have encountered in following up the case and the challenges in managing all the other demands that arise in the day-to-day management of Primary Care. Among the problems reported, the following were highlighted: the difficulty in effecting intersectoral articulation at the municipal level; the lack of collaborative and interprofessional actions by health teams; difficulty in articulating the health care network at the municipal level; lack of social facilities in the municipality; failure in communication between professionals; discussion of cases in meetings, which is not part of the routine of health teams; absence of the Tutelary Council in the follow-up of the Case; the lack of transport to facilitate patient access; care management being assumed by the Primary Care coordinator and not by the eSF.

Guiding questions of the case:

·In view of the case, how does the group analyze the role established by the coordination of Primary Care for the health care of the case in question? Contextualize the group's ideas with the theoretical content already worked on in the classroom, as well as with health guidelines and policies.
·In view of the case, what does the group consider important to still be done by the coordination of Primary Care to resolve the case? Contextualize the group's ideas with the theoretical content already worked on in the classroom, as well as with health guidelines and policies.
What other problems can be identified in the case, in addition to those reported by the Primary Care coordinator? What to do to solve them?

Moment 2 (Class 2 – 01 hour) – Each group of students should read the case and the guiding questions and then discuss the case, its ideas and analysis, so that together they can build solutions to the problem. case. Each group must also document their records on sheets so that they can be presented to the other groups, and then they must be handed over to the teacher to compose the class evaluation. Each group should form circles to facilitate the case study. The teacher will pass between the groups to mediate the discussions and remove possible doubts that may arise.

Moment 3 (Classes 3 and 4 – 02 hours) – The teacher must indicate that the time for discussions and for the construction of solutions within the groups has run out. Then, you should ask that the groups be broken up and form a single group by forming a circle in the classroom. The teacher should ask each group to present the solutions built by the group for the case, as well as the arguments based on theoretical content already worked on in the classroom. The teacher should be the mediator. During the presentation of each group, the teacher will be able to ask questions, take notes and/or present new solutions to those already presented, if it is necessary to rescue some content not raised by the groups or, if any solution proposed by the groups is not feasible. At these times, the teacher should open spaces for students to make considerations during the presentations. It is necessary to emphasize that, whenever necessary, the professor must resume the case, its details and the guiding questions during the course of the presentations. At the end of the case study, the teacher must close and evaluate the strategy by the students.

Learning follow-up

Students' learning will be continuously evaluated by the module/discipline teacher during all moments proposed by the teaching strategy used. The evaluation will add up to 10 points, to be distributed as follows: 03 points – contribution in a reflective and purposeful way in group discussions; 03 points – ability to propose solutions based on theoretical content; 02 points – ability to listen to colleagues; 02 points – participation in the evaluation of the teaching strategy used.

Conclusion/Outcome of the class

By using the case study as a teaching-learning strategy, it is possible to create spaces for growth between students and the teacher in a collaborative way. Being able to provide students with experiences in the area of health management in complex real situations, which can generate the development of knowledge, skills and attitudes to manage Primary Care in a qualified way in the SUS. It is worth noting that the success of this strategy, in addition to involving student engagement, also requires assertive mediation by the teacher. So that the groups are encouraged to base their arguments on concepts and content already worked on in the classroom to generate effective solutions to the case. The teacher should conclude the class by highlighting the progress of the class in relation to the theme worked on and presenting the feasible solutions developed by the groups.

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