



EDITORIAL

What have we learned from the pandemic?

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Published on 6 Mar 2021

With the advent of the COVID-19 pandemic, the entire education process in the health professions had to be rethought. Initially, the effort was to maintain quality education in the remote modality. Adapt curricular matrices, class schedules, train teachers for the new reality, review the capacity of computer systems to support changes and increase access, identify digital platforms appropriate to the needs of institutions, reevaluate teaching and assessment methodologies ... in short, a tremendous task force to deal with the new moment.

This period brought a high level of anxiety faced with the high demand and the uncertainty of the result. It highlighted many social, regional, and cultural differences. It made us all walk on unstable ground, but it also brought a feeling of togetherness, of reflection on our praxis. With the exposed inequalities, there was an urgent need to create inclusive solutions, listen to the other, and rethink concepts. To expand emotional support, not to barricade just techniques to contain, or deal with, problems.

And then, the questions also reappeared with intensity: what is essential for the training of health professionals? Does our curriculum provide space and opportunities for the formation of a critical and reflective professional? Do our institutions take social responsibility into account? Is our teaching "based on technique" or does it include "humanities"?

One year after starting the pandemic in Brazil, we

are facing a new moment: what have we learned from all this? What have we really changed in the teaching process of health professions? Did we expand our concepts of health, care, science, or just pause, an empty interval, to resume the previous course as soon as there is control of the virus? However, will we go back to what it was before, after experiencing all this? After trying new teaching approaches (that worked!), after so many reflections on the student's training and the teacher? I find it very difficult, and that is why I invite you to reflect on teaching in times of change.

This editorial is much more about questions than answers; it is to think, question what we really want and can do in teaching for the health professions.

Several recent studies bring some crucial points for this reflection, and I place here four points for this reflective exercise.

- Is it time to change the culture of medical education?¹

Here, we can question the importance of mental health care for the health professional. In the context of the pandemic, the need for an attentive look and actions aimed at caring for those who care was very evident. The health professional is not a superhero; he is a vulnerable being, who deals with pain (his and the other's), and who in general has learned to cultivate objectivity at the expense of subjectivity as a form of protection. To reduce professional practice to its

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<https://doi.org/10.21876/rcshci.v11i1.1126>

How to cite this article: Aleluia IMB. What have we learned from the pandemic? Rev Cienc Saude. 2021;11(1):4-5.

<https://doi.org/10.21876/rcshci.v11i1.1126>

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technical-cognitive component, with little room for attitudinal skills.

The curricula of health courses are in transformation, for the most part. A slow and progressive transformation for many. It remains to be seen whether, after the worldwide exposure of this need to take care of the mental health of future health professionals, the steps for change will continue to be strengthened.

- Did the pandemic really make us think and change?^{2,3}

This is an important issue. The educational field has changed with the incorporation of technologies and new forms of teaching and learning. Digital teaching, the extrapolation of the limited space of classrooms to the virtual environment, the change in vocabulary, the adaptation of teaching and assessment methodologies in this new context show no way back to the world that existed before the pandemic of COVID-19. Hybrid teaching imposes itself, and with it, the reflection on teaching praxis, on the identity of this teacher, as well as the student in this new context. We tend to look at what was like a lost paradise, but we are learning to build something new in the education of health professionals worldwide. Who knows, we are creating

not a new paradise but a place for sharing, reflection, and adaptation to new social needs.

- Has research in education gained importance in this context?⁴

For this construction, research in education gains importance. Sharing experiences (successful or not), analyzing methodologies used, knowing the perceptions of teachers and students, assessing the impact of technology on the teaching-learning process is fundamental to having a solid base in this moment of transition: with analysis and reflection, in addition to drawings appropriate for the chosen objectives.

- Has the teaching of the humanities, of art, finally found its place in health?^{5,6}

Faced with all this transformation, so many questions, and so much evidence of mental suffering in the academic community, I think that the teaching of the humanities, of art, has more than ever found its place in health. Bringing art to health professions' curriculum is to expand the student's reflective capacity, create affective baggage that prepares them to deal with their and the patient's subjectivity. In times of so much suffering and uncertainty, art is a path of balance and nourishment. Narrating a new story is imperative.

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