Educational folder: experiencing professional ethics and social commitment during the COVID-19 pandemic

ABSTRACT
Objective: to describe the reach of ethical competence and social commitment of students during the preparation of educational material in the pandemic of COVID-19. Method: experience report of students from a research group in the construction of an educational folder, from April to May 2020. The work was divided into stages and subgroups, discussing the general approach to diabetes mellitus (DM) and its relationship with COVID-19, health education and contribution to the health promotion of diabetics. Results: The folder “Diabetes and Immunity: additional care in times of COVID-19” was elaborated, published in online media. Those involved participated in the form of debate, reflection, cooperation, interaction and social commitment. Conclusions: promoting health education online enabled the group to experience moral education and social commitment, in addition to a different approach to care, with discussions on the role of students, teachers, universities and society.

DESCRIPTORS: Ethics professional; Health education; Nursing; Covid-19; Social isolation;

RESUMEN
Objetivo: describir el alcance de la competencia ética y el compromiso social de los estudiantes durante la elaboración de material educativo en la pandemia de COVID-19. Método: relato de experiencia de estudiantes de un grupo de investigación en la construcción de una carpeta educativa, de abril a mayo de 2020. El trabajo se dividió en etapas y subgrupos, discutiendo el abordaje general de la diabetes mellitus (DM) y su relación con COVID-19, educación para la salud y contribución a la promoción de la salud de los diabéticos. Resultados: se elaboró la carpeta “Diabetes e inmunidad: cuidados adicionales en tiempos de COVID-19”, publicada en medios online. Los involucrados participaron en forma de debate, reflexión, cooperación, interacción y compromiso social. Conclusiones: promover la educación para la salud en línea permitió al grupo experimentar la educación moral y el compromiso social, además de un enfoque diferente del cuidado, con discusiones sobre el rol de los estudiantes, docentes, universidades y sociedad.

DESCRIPTORES: Ética profesional; Educación en salud; Enfermería; Covid-19; Aislamiento social;

RESUMO

DESCRITORES: Ética profissional; Educação em saúde; Enfermagem; Covid-19; Isolamento social;

Jocelha Maria Costa de Almeida
Nurse at the Municipal Hospital Djalma Marques. Specialist in Family Health and Intensive Care Unit. Student of the Academic Master’s in Nursing at the Federal University of Maranhão.
ORCID: 0000-0002-3147-954X
INTRODUCTION

Undergraduate courses in the health field face conceptual and methodological transformations for the development of teaching-learning with the purpose of meeting the rapidly evolving health demands, and the new teaching guidelines, in addition to leading the student to the leading role, and the teacher to the facilitator role. In this context, technological teaching tools, applied in the light of pedagogical theories, promote changes in this process. 1,2,3

Technology for teaching is understood as the means by which it is possible to reproduce, modify, add and establish new relationships with the teaching-learning process. It can also be conceptualized as a group of techniques and processes for a specific purpose.4

In health, the training of human resources requires a professional who reaches interdisciplinarity in decision making, leadership, dialogue, critical-reflexive reasoning, and who has ethical and social commitment to the population.5,2

Social commitment is an indispensable element in the training of human resources in health, enabling the transformation of particularities that determine the health of populations, especially groups in situations of vulnerability, such as patients with Diabetes Mellitus (DM). In this report, social commitment is understood as a process of knowing the social reality, the needs of the population, leading professionals to develop contextualized practices, realizing the cultural particularities of individuals, contributing to the transformation of life conditions in the pursuit of dignity.6

A previous study points out that, sometimes, during the health training process, the teaching of ethics and social commitment appears in isolation from the pedagogical environment, distancing the student from these aspects. Consequently, some organizational and related impediments to the teaching staff and students were identified, such as little knowledge, lack of ability to teach these issues, lack of resources, flaws in the learning process and shortage of facilitators.7

Thus, this study sought to answer the following guiding question: How can a research group develop ethical competence and social commitment in the care of diabetic patients during the Covid-19 pandemic?

Thus, this report aimed to describe the experience of building an educational material in health as a tool to achieve ethical competence and social commitment in the health education process. It is worth noting that the actions and practices of teaching in this area aim to overcome the barriers of universities, reaching citizens with the offer of instruments that contribute to health promotion and disease prevention, improving these indicators.

METHOD

Descriptive, experience report type study, resulting from the need to reflect on the pedagogical and theoretical-methodological approach of a university study and research group regarding the development of ethical competence and social commitment in the context of COVID-19.

The discussion on the topic arose from the worldwide need for social isolation and the consequent removal of the research group from its clientele. The group understood that collective actions could be suspended together with the face-to-face classes at a public university in northeastern Brazil. However, it was decided to keep the meetings online, where it was decided to build educational material for people with DM. With clear content, the materials were intended to address the
The work was divided into categories, including a general approach on DM and its relationship with COVID-19, health education and contribution to the health promotion of people with this condition.

Thus, in step 1 of the process, called "How to take care of DM in times of COVID-19?", the students studied the themes: transmission and development of serious forms of COVID-19 in special populations, such as diabetics; guidelines for well-being; use and continuity of previous medications; ways to avoid contagion and tips on how to find family and social support in COVID-19 times. At this time, group 1 was free to elaborate the texts and themes based on the stated objective: to produce educational material for diabetics in times of pandemic by COVID-19.

In step 2, "Information architecture", the objective was to improve document 1, in which the master's students reflected, researched and reorganized the information. In order to guarantee the scientificity of the content, manuals from the Ministry of Health and consensus from the Brazilian Diabetes Society were reviewed and studied. The material was organized in blocks: general information about COVID-19, recommendations for the prevention of contagion, with emphasis on healthy eating, physical activity, capillary glycemia control and continuous and correct use of medications.

Therefore, in step 3, "Workshop: How to create a folder for patients with DM", the teachers and the researcher argued the sources of information and the writing that resulted in document 3. Thus, in step 4, "Elaboration of the folder", the most appropriate figures were selected in order to find the best graphic representations in the public domain, font sizes and integration of text and illustrations for definitive art. After four hours of online work, the educational folder "Diabetes and Immunity: additional care in times of COVID-19" was built (Figure 1).

Finally, the material was appreciated by the members of the study group. After approval, everyone committed to making the disclosure. The execution of the educational process and all stages were carried out in a participatory manner. The adopted conduction promoted interaction and commitment of the students through a dialogical reflection, where it was noticed that the students were involved in an ethical reflection regarding the praxis of responsibility about caring for the other.

DISCUSSION

According to Paulo Freire, social commitment starts from a concrete reality for...
decision making according to an action plan by the subject/social actor. This means that acting and reflecting is the first condition for a person to assume a committed act.  

The social commitment of the student consists of trying to develop human training to transform the individual into a conscious and active citizen in promoting his health. Therefore, his training must be competent, technical and, above all, ethical, with humanistic values. In addition, social commitment induces to behave socially, involving the ethics and competence of nurses, both in teaching and in care practice, their attitudes being produced by a socially constructed structure.  

Working with an educational folder remotely understands a social demand and proves to be an important tool in the context of health education, constituting a form of care that favors the development of professional ethics. Numerous reflections, debates, learning and a closer look at the information conveyed were established. It is up to the teacher to point the way to a conscious, safe and ethical practice.  

In this context, a study that aimed to validate an educational booklet about dengue prevention, pointed out that nursing needs to expand and value its productions, which are not necessarily cutting-edge or high-cost technological resources, such as artifacts and inventions, but rather strategies to streamline the work process or didactic-pedagogical materials as tools to educate and promote health. Furthermore, in the nursing performance scenario, caring and educating are not dissociated. On the contrary, in their care practice, nurses can also educate, concomitantly, considering ethics and commitment as a health professional.  

---  

**Figure 1- Educational folder - Diabetes and Immunity: Additional care in times of COVID-19.**

Source: Authors.
Contextualizing, it is emphasized that the university in Brazil is considered a place of learning and, above all, of knowledge transmission. However, these institutions have gone through a transformation phase, going through a crisis of legitimacy and questions about their role in the production of knowledge and training of professionals with an adequate profile to the needs of the population. In this sense, promoting the ethical dimension is still a challenge in many higher education institutions.

Despite this, these educational establishments are involved in the culture and development of actions that promote social commitment and its manifestations, which tend to ensure the diverse actions of these institutions in society, aiming at recognition and appreciation.

**CONCLUSION**

The opportunity to work health education remotely through the imposition of the COVID-19 pandemic and the need for distance between people, proved to be a tactic in building knowledge and strengthening the ethics and social commitment of the research group.

It was observed that the activity was satisfactory and unprecedented for the group because the strategy used promoted the construction of knowledge, aroused the student’s interest in the search for creative solutions of low expenditure and brought the possibility of reaching a large number of people through social networks and widely known sites.

It is believed that the strategy of developing an educational tool based on problematization in a context of full social isolation, led teachers to support students in the construction and resumption of behaviors, attitudes, values and beliefs, based on the well-being of the population, especially diabetics, not only in the knowledge learned in the various academic disciplines, but above all, in social commitment and professional ethics.

We thank the Coordination for the Improvement of Higher Education Personnel, CAPES, Finance Code 001, for their support in the development of this study.

**REFERENCES**