

SPECIAL SECTION: TEACHING IN HIGHER EDUCATION IN PANDEMIC TIMES

EXPERIENCE REPORT ON THE EVIDENCE-INFORMED PUBLIC
POLICY MANAGEMENT PROJECT: CHALLENGES IN THE
PANDEMIC¹

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ABSTRACT

This paper aims to report the teaching experience in the Evidence-Informed Public Policy Management Project in the context of the COVID-19 pandemic. The methodological proposal for teaching performance in the training of professionals in a curriculum with a constructivist approach and active educational strategies, correlating theory with professional practice, has been adjusted in the country's current health context. With the spatio-temporal change, the use of educational technologies in the online format was fundamental for the tools and the foundations of strategic-situational thinking to support the management, monitoring and evaluation of the Action Plans. The introduction of digital information and communication technologies allowed the continuity of the learning program in different spaces, times and situations and provided, to the group of students, teachers/facilitators and coordination, to understand the importance of the articulation of knowledge, skills and attitudes, for the implementation of the Action Plans, critically integrating technology to do the pedagogical.

Keywords: Evidence-Informed Policy. Unified Health System. Professional competence. Health education.

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INFORME DE EXPERIENCIA SOBRE EL PROYECTO DE GESTIÓN DE POLÍTICAS PÚBLICAS BASADAS EN EVIDENCIAS: DESAFÍOS EN LA PANDEMIA

RESUMEN

Este artículo tiene como objetivo reportar la experiencia docente en el Proyecto de Gestión de Políticas Públicas Basadas en Evidencias en el contexto de la pandemia COVID-19. La propuesta metodológica para la práctica docente en la formación de profesionales en un currículo con enfoque constructivista y estrategias educativas activas, correlacionando la teoría con la práctica profesional, debió ajustarse al contexto actual de salud en el país. Con el cambio espacio-temporal, el uso de tecnologías educativas en el formato en línea fue fundamental, por lo que las herramientas y las bases del pensamiento estratégico-situacional, subsidian la gestión, seguimiento y evaluación de los Planes de Acción. La introducción de las Tecnologías de la Información Digital y Comunicación permitió la continuidad de la formación en diferentes espacios, tiempos y situaciones y brindó al grupo de estudiantes, docentes/facilitadores y coordinación, la comprensión de la importancia de articular conocimientos, habilidades y actitudes, para la implementación de Planes de Acción, integrándose en un fundamental para que la tecnología sea pedagógica.

Palabras clave: Política basada en evidencias. Sistema Único de Salud. Competencia profesional. Educación para la Salud.

RELATO DE EXPERIÊNCIA NO PROJETO GESTÃO DE POLÍTICAS PÚBLICAS INFORMADAS POR EVIDÊNCIAS: DESAFIOS NA PANDEMIA

RESUMO

Este trabalho tem como objetivo relatar a vivência docente no Projeto Gestão de Políticas Públicas Informadas por Evidências no contexto da pandemia de COVID-19. A proposta metodológica para atuação docente na formação de profissionais de um currículo com abordagem construtivista e estratégias educacionais ativas, correlacionando teoria com a prática profissional, foi ajustada no atual contexto de saúde do país. Com a mudança espaço-temporal, o uso de tecnologias educacionais no formato on-line foi fundamental para que as ferramentas e os fundamentos do pensamento estratégico-situacional subsidiassem a gestão, monitoramento e avaliação dos Planos de Ação. A introdução de tecnologias digitais de informação e comunicação permitiu a continuidade da formação em diferentes espaços, tempos e situações e proporcionou, ao grupo de alunos, docentes/facilitadores e coordenação, compreender a importância da articulação dos conhecimentos, habilidades e atitudes para a implantação dos Planos de Ação, integrando de forma crítica a tecnologia para o fazer pedagógico.

Palavras-chave: Política informada por evidências. Sistema Único de Saúde. Competência profissional. Educação em Saúde.

INTRODUCTION

The Evidence-Informed Health Policy Management Project (ESPIE) began in January 2019, a partnership between the Department of Science and Technology of the Department of Science, Technology and Strategic Inputs of the Ministry of Health (DECIT/SCTIE/MS) and the Hospital Sírio Libanês (HSL), within the scope of the Institutional Development Support Program of the Unified Health System (PROADI-SUS) for the 2018-2020 period. There are also partners of the National Council of Health Secretaries (CONASS) and the National Council of Municipal Health Secretaries (CONASEMS).

This project aims to contribute to the qualification of health policy management in the Unified Health System (SUS) with the use of two main strategies: to develop competences among the participants, which encourage and stimulate the incorporation of the systematic and transparent use of scientific knowledge in the decision-making process and support change projects in the regional loco systems of the host regions, that increase the effectiveness for users in the management of prioritized policies. 12 regions of Brazil are being contemplated with the offer of 480 places for students (40 in each region) (SILVA; GOMES; BARRETO, 2018).

There are 29 teachers involved in the project, 26 teachers / facilitators and three policy experts informed by evidence and health assessment. As a preparatory activity, teachers/facilitators have developed the specialization course in education to Support the Use of Evidence in Health Management (APUEGS) at the same time. They were, therefore, teachers / facilitators at ESPIE and, simultaneously, students at APUEGS.

The authors of this report are the coordinator of the ESPIE project and the APUEGS course and five teachers / facilitators, who work in the health regions of Campinas (São Paulo) and Porto Alegre (Rio Grande do Sul), that currently have 71 specialization students active.

CURRICULAR ORGANIZATION AND METHODOLOGY

The curriculum of the ESPIE project and the APUEGS course are “competency-oriented, with a constructivist approach and have as central aspects the valuation of the participants' prior knowledge and their insertion as subjects of the teaching-learning process” (SILVA; GOMES; BARRETO, 2018, p. 12).

Educational strategies aim to promote a critical-reflective and active posture, and the correlation of theory with the professional practice of those involved (AUSUBEL; NOVAK; HANESIAN, 1980; BARROWS, 2000; SCHMIDT, 1993).

The methodology uses the Supporting Policy Relevant Reviews and Trials (SUPPORT) tools as an instrument for students to prepare syntheses of evidence, guided by prioritized problems in the regions (LAVIS; OXMAN; LEWIN; FRETHEIM, 2009).

This tool is the result of international collaboration and the tools were designed to help research formulators, and those that support them, to improve the location and use of research evidence to support health policy formulation. This application provides adjustments to expand the dialogue with the foundations of strategic-situational thinking (PES) that aim to develop and apply strategic reasoning, with assimilation of the concepts of situation, social game, social actor and strategy (SILVA; GOMES; BARRETO, 2018, p. 14).

Evidence-Informed Policies (PIE) arise from the need to bring scientific knowledge closer to decision-making processes based on the premise that information and knowledge are fundamental to the best results in public management, reducing the distance between the scientific environment and spaces policy decision making.

International organizations advise the use of the best evidence in designing public policies on health systems and services, such as the 58th World Health Assembly (2005), the Pan American Health Organization's 2008-17 Health Agenda for the Americas (PAHO) and the world health report of the World Health Organization (WHO) 2012, entitled No Health Without Research (SILVA; SOUZA; BARRETO, 2014).

The ESPIE project certifies students approved as specialists in health policy management informed by evidence and the curriculum proposal is structured in two axis: simulation of the practice and the real context of the specialist's work. Originally, the project was scheduled to be carried out with face-to-face Self-Directed Learning (AAD) and Distance Education (DE) activities.

On March 20, 2020, Legislative Decree No. 6 (BRASIL, 2020a) was published in the Official Gazette, which acknowledged the occurrence of a state of public calamity due to a pandemic situation. Because the classroom classes were interrupted, teaching activities were restructured, supported by the Ministry of Education Ordinance, number 345, of March 17, 2020 (BRAZIL, 2020b), that authorized the replacement of classroom activities by distance activities.

EDUCATIONAL AND IMPLEMENTATION DIMENSIONS OF ACTION PLANS

The educational dimension aims to build capacities so that students - managers responsible for the public health policy decision process, supporters and other participants - add knowledge and improve their own performance to analyze contexts, better understand public

health policies like this seek and use evidence adapted to their work contexts in SUS (SILVA; GOMES; BARRETO, 2018).

The other dimension - implementation of action plans - is an intervention, aimed at changes in the reality in which they operate. Intervention is understood in the project as the “set of means (physical, human, financial, symbolic) organized in a specific context at a given moment, to produce goods or services in order to modify a problematic situation” (CONTANDRIOPOULOS; CHAMPAGNE; DENIS; PINEAULT, 1997; MATUS, 1996).

Students construct syntheses of evidence, that support the development of action plans. They aim, fundamentally, to put into practice actions that improve and qualify the policies addressed by the syntheses.

The use of evidence for health decision-making constitutes the central strategic axis, that unites the two dimensions. One of the assumptions adopted is that decision makers and their supporters do not always have adequate means to access, evaluate, adapt and apply scientific evidence to the local context; as a result, management decisions do not necessarily consider scientific evidence to be a subsidy. Besides that, research and management agendas, in general, do not share priorities. These aspects contribute to consolidate an institutional culture that is not favorable to the systematic use of health evidence (SILVA; GOMES; BARRETO, 2018).

Therefore, the initial proposal of the project was face-to-face meetings with the objective of articulating the educational actions of the curricular axes - simulation of the practice and real context with a view to developing the competence profile. In this sense, the original design took place in face-to-face meetings in three days full-time, with the specialization students being released from their work activities, that resulted in a period dedicated to educational training and the project.

Since the pandemic occurred, we had to reinvent the work proposal, which revealed that we can have more possibilities in the ways of acting than we imagined until then. Previous experiences in online tutoring, in courses structured with a hybrid pedagogical model and with face-to-face activities only at the beginning and end of the course, were revisited as a way to assist at that time.

The use of multimedia materials can effectively contribute to learning in the health area. Multimedia material is understood to be one that uses different information formats, such as images, videos, sounds, animations and others, that simultaneously stimulate different types of perception and senses, as well as different forms of knowledge acquisition (NUNES; ROSA; SOUZA; SPANHOL, 2016).

ADAPTATIONS DUE TO PANDEMIC

As a result of the Covid-19 pandemic, from April 2020, face-to-face activities were interrupted and replaced by remote activities. It was understood as necessary to deepen the context analysis and promote adjustments in the action plans, that were being finalized.

In the first months, it was necessary to restructure life as a whole, however, little by little, we managed to reorganize the activities and, as the days went by, both teachers and specialists, all trying to move forward, we managed to continue the project.

It was really challenging to maintain a balance between welcoming, emotional help and guidance to the specialization students, but with a great care, respect and resilience everything went on.

This substitution of the teacher's work for the online modality meant that the tasks previously exercised almost entirely in monthly meetings started to have no more days and hours scheduled, breaking "the separation between the workday and free time" (ALMEIDA, 2010, p. 71), causing subjective effects on teachers.

The Influence of Pandemic COVID-19 workshop was held in the Strategic Guidelines for the Implementation of the ESPIE Action Plans, as the first strategic.

The Workshop, considered an educational action, at ESPIE, was preceded by the teaching-learning method Team Based Learning (TBL), which provides for the exploration of cognitive content, but also of psychomotor domains such as verbal and non-verbal communication in teams and attitudinal, that reveal values and feelings. The method provides for the engagement of participants in activities as well as responsibility for the tasks agreed and willingness to collaborate with the team (LIMA *et al.*, 2016).

This workshop was intended to reflect on changes in the organization and functioning of health service systems due to the pandemic and the impacts, that they would have on the process of implementing plans, that consequently promoted the necessary adjustments. The reflection is contributing to updates of the context, aligning them with the current reality from the reading of a supporting text, that supported the analysis of the impacts of the pandemic on the strategies for implementing the necessary plans and adjustments. The reflection is also being carried out in line with the project's competence profile. This profile is the reference of the project's training and intervention process and reflects the set of capacities to be added in the students' knowledge, skills and attitudes portfolio.

It is noticed that the performances related to the understanding of the organization of health systems and the regionalization policies of SUS, including its legal framework and the

foundations that guide the decision-making process and the management mechanisms of health care networks are being expanded.

Also, the capacity for critical and in-depth analysis of the context, in particular the challenges inherent in reducing the segmentation of health systems and the production of comprehensive health care, during the pandemic period, are being enhanced.

Another challenge that is being faced, even more accentuated as a result of the pandemic, is to know the health care networks to promote the viable cuts in the action plans. The working groups quickly understood the role of using their capabilities to (re) analyze the context and adjust the feasibility of the plans.

For example, the scope of the action plans covered conditions and diseases, using contexts analyzed before the pandemic. They had to reanalyze, deepen their understanding about the reorganization of health systems and the new conformations, that came with the pandemic. Considering the dynamic aspect in the organization of health systems, students were permanently oriented to re-analyze and, even, to identify gaps in meeting the care needs linked to their action plans, possibly neglected by the natural prioritization given to Covid-19.

The incentives to incorporate capacities to understand and prioritize problems, as well as to propose expected results from the plan's actions, were guided by the application of strategic thinking and the values of defending life and SUS. These stimuli were present since the beginning of the project and had to be further intensified in this new context.

The options for coping with the causes of the prioritized problems allowed reflecting on the possible barriers and proposing implementation strategies, considering users / citizens, health professionals and health organizations and services. The post-pandemic scenarios required a new look at implementation strategies, always with the guideline of making adjustments based on scientific evidence.

The same occurred for the analysis of potentialities, priorities for change and, in particular, the viability of the plan's actions. We reinforce the idea that the moment requires commitment, a vision of the future, choices, and there is no room for retreat, but the essential need to make possible what is possible and no less necessary.

On the performance for collaborative team work, as well as for dialogue and the collective construction of change processes, guided by ethics, trust and transparency, we realized that some educational strategies developed were of great value. In particular, the valorization of coexistence between teams for an interprofessional and collaborative action, focusing on the implementation of changes guided by scientific evidence.

This performance proved to be of paramount importance, more than the other times, because the groups needed to develop collaborative interprofessional work at a time when their professional and personal activities were significantly altered due to the pandemic. The importance of disseminating a culture of disseminating the accumulated experiences among the actors involved in the management process of public health policies was also reinforced.

The performance related to the use of evidence for health policy and decision-making had a significant stimulus in the course of the pandemic. This can be seen in the construction of technical notes, studies related to prevention and treatments, social isolation / distance, among others.

It is understood that the understanding of the usefulness of evidence in health and the identification of opportunities for its applicability in the context of health policy management, although they still encounter barriers in the acceptance by managers, have increased.

At this time, the most challenging performances in the health context are to carry out the development and implementation of action plans articulated with the context and informed by evidence. It is clear that most groups have increased their commitment and responsibility with the project.

Although most of the territories in which action plans are to be implemented are directly or indirectly involved in serving users, communities and populations at risk or already affected by Covid-19, the groups have sought to invest in the feasibility of doing their best, given this context.

As for the development of strategic-situational reasoning, particularly with regard to the relevance, viability, feasibility and management of the proposed action plan, significant progress can be seen. In addition, there are indications that strategies are articulated for continuity of implementation after the project is in force in the “post-pandemic” period.

And, finally, understanding the results to be achieved with the implementation of actions and formulating strategies and criteria for monitoring and evaluation constitutes the agenda for that moment. It has been challenging to propose new forms of monitoring, that requires attention to the possibilities presented in the most varied ways and the need for flexibility in the necessary adjustments.

The monitoring and the evaluation of results are limited by the schedule, as the project was closed in November 2020, still in the current pandemic. We expect, as we mentioned earlier, that, in many regions, depending on the pacts established with the managers of the regions, actions will continue after the pandemic period. This may increase the results beyond those

predicted in the project horizon and, if it occurs, it points to a more effective incorporation of students' skills and performance gains in terms of commitment and responsibility to SUS.

DIGITAL INFORMATION AND COMMUNICATION TECHNOLOGIES FOR DEVELOPING THE SKILLS PROFILE

The training course for APUEGS teachers / facilitators and the ESPIE project are taking place simultaneously. Both are developed in competence-oriented curricula, and throughout the project, the two educational strategies feed on each other. This dialogue is mainly established by the similarities between the profiles of the two initiatives.

In relation to the performance provided for in the competence profiles, the elaboration of action plans stands out, which seeks to instigate dialogue with the syntheses of evidence elaborated, as well as stimulating strategic-situational reasoning, particularly with regard to pertinence, viability, feasibility and management / monitoring of the proposed actions.

In this pandemic moment, the elaboration of the action plans became particularly strategic as a stimulus to the APUEGS and ESPIE participants, since the strategic-situational reasoning contributed to analyze whether the cut of the actions maintained relevance, viability and feasibility.

As previously mentioned, with the arrival of the pandemic and the abrupt change in routine, it was necessary to transform our homes into teaching spaces and, along with that, it was necessary to intensify the use of new technology tools and platforms such as: ZOOM, Google Meet, Lives, Chat, among others.

In this context, dealing with the so-called Digital Information and Communication Technologies (TDIC) has not become just an artifact, but a necessity. According to Scorsolini-Comin (2014), DICT can be understood as multifaceted tools existing in different contexts, which go beyond the possibilities of analog technologies.

Almeida (2010) points out that the incorporation of TDIC into teaching methods goes beyond knowledge of the use of the internet, but they transformed the organization of work and initiated radical changes in the professional practice that is now

organized by communication and the representation of thought, according to the structure of technologies and a logic very different from that which guides the work in the industrial society of chronological distribution of time in a given space, putting into question conventional labor relations and contracts (ALMEIDA, 2010, p. 69).

It should be remembered that the adaptation made by the ESPIE project was for remote education and not for distance learning. This has an effect on practice, as we have not had much time to think more structurally about the educational intentions of the missing meetings. Everything was done on an emergency basis.

Almeida (2010) understands that it is necessary to understand the educational contexts of cyberculture at a distance, in this case online, based on Sacristán (1998), who proposes that a curriculum built in social practice, in act by teacher and student, needs that contents, methods, procedures and activities are constituted in process.

However, it is worth noting that we identified, in a noticeable way, the initial resistance to the change from the face-to-face space to cyberspace, since the group of teachers / facilitators initially understood how very difficult it was to adapt active methodologies for this space.

Supported by Almeida's ideas (2010), today we understand that, both for face-to-face and online meetings, aspects of organized scientific knowledge translated into teaching materials must be valued; knowledge of teaching practice; previous knowledge of students and teachers; social communication practices and the use of artifacts so that the curriculum can be developed.

However, the teacher's work online also causes important changes in the work process, since the physical space is no longer institutional, but in the home itself, and strongly interferes in the workday, what Abreu-Tardelli (2006, p. 36) refers to as changes in the social and historical context and in the subjectivity of the teacher.

In this direction, Almeida (2005) indicates the importance of reflecting on the team's work and the performance itself. In this respect, our monthly meetings between coordination and facilitators provide for a moment we call Reflection of Practice, and in small groups we are mediated by a professional, a moment when we welcome each other and process our achievements and challenges and, why not strengthen us to resume our activities with groups in health regions?

This new experience with digital technology for the information and communication process strengthens us, as it highlights that, in the future, the incorporation of this tool into the teaching process will certainly expand the possibilities of participation not only for the students, but also for the teachers.

Almeida (2010) understands that technology is a structuring instrument of thought, that is, it needs to be conceived from the project until it becomes an artifact in itself, and the critical integration into the curriculum and when doing pedagogical requires that the teacher can take

over if of its characteristics to use them in its learning to, then, to incorporate in the pedagogical practice.

PANDEMIC REPERCUSSIONS ON THE LEARNING PROCESS OF ESPIE AND APUEGS SPECIALIZED PEOPLE

The completion of ESPIE'S educational activities took place a very particular time: the time of the COVID-19 pandemic. The epigraph of ESPIE, which brings Thomas Khun's thoughts on crises to attention, draws our attention: "The meaning of crises consistis precisely in the fact they indicate that the time has come for renewing the instruments".

The pandemic has spawned a global humanitarian crisis, leaving the world in check. Pandemic times demand social isolation and, at the same time, call us to work in the domestic environment. There are those who say that nothing will be as before. A real and unquestionable crisis. So, it is time to renew our instruments, according to Khun (1997). In the case of ESPIE, what instruments would they be? What comes to us immediately are the skills.

In a different perspective, but not divergent from that presented by Khun, we rely on the conception of Barus-Michel, Giust-Desprairies and Ridel (1996) that define it as the rupture of the previous dynamics and balances that generate inability to regulate relations and ensure stability.

Circumscribing the crisis in the workspaces, the authors treat it as a subjective and social experience, understanding that it is necessary to take into account to understand it, the relationships ordered by professional activity and its representations in organizations. And so we did: we, facilitators / teachers, together with the coordinators, reinvented the activities of the course, in order to adapt and strengthen to face what was to come in our regions. It was not easy.

We were required to change in all dimensions of our lives. All of us: coordinators, facilitators and specialists. It took energy to maintain the tone of the ESPIE groups. It was necessary to transform chaos into crisis. One condition for this: respect the time of the groups.

The psychosociological reading of organizations helped us at that time. We were able to confirm, as facilitators, the results of psychosociological research on institutional crises: the crisis affects different degrees and positions for all subjects. It can lead to an affective reorganization of individuals. It is necessary to put the critical situation on the agenda and, from there, a work of psychic elaboration and reorganization can take place (BARUS-MICHEL; GIUST-DESPRAIRIES; RIDEL, 1996).

In these conditions, it is important to guarantee a space of circulation of the word to favor the subjects' understandings about the context, opening their attention to its implication. And, in our understanding, this measure was adopted at ESPIE. There was a standstill in activities. We did not know how long social isolation would last and there was no way to make predictions.

At the same time, almost all of the ESPIE participants / specialization students had their work lives taken over by the pandemic, since they are, in the great majority, health professionals and / or teachers of health courses. Even with the substitution of face-to-face classes for remote mode, with synchronous and asynchronous activities, it was necessary to consider the moment of work overload faced by everyone.

Without welcoming the students in their anguish in the face of this new scenario, we would not be able to progress in the project. There was no space to think about the project. Our reading of the context pointed to the crisis phase named by the psychosociology of "imaginary sideration", which corresponds to a paralysis of the imaginary, in which individuals and groups find it difficult to free themselves from immediacy. Space-time is occupied by emotional evidence that prevents an integrative or progressive reflection (BARUS-MICHEL; GIUST-DESPRAIRIES; RIDEL, 1996).

The links established since the beginning of the project between students and teachers/facilitators were essential to face this difficult moment. They facilitated discussions that favored reflections on how to deal with the challenge of the growing cases of COVID-19 in their workplaces and, simultaneously, with the need to move forward with the project with responsibility and commitment, not only to meet the required workload for obtaining the expected certification.

In the synchronous meetings of the small groups, educational triggers were used, that provided in-depth analyzes of the contexts of the territories in which the interventions were applied. When encouraged to think about the effects of the pandemic in the action plans that were being developed, the participants brought their perceptions about the changes in their work processes, about the new protocols and routines in force and about how these changes had repercussions in their work and in their emotions and subjectivities.

The psychodynamics of work values the public space for discussion, defining it based on the theory of the human condition proposed by Hannah Arendt (ARENDR, 2007), who considers it the place par excellence in which man achieves freedom through dialogue.

Dejours (2004) considers the public space for discussion as a central and structuring term of the psychodynamics of work, as it is a space in which the word can circulate freely, developing affective bonds, solidarity and cooperation, thus enabling the creation of a work group.

Although the learning communities created for the development of educational activities at ESPIE are not collective of workers, since students are from different institutions, we can say that, when proposing discussions for the construction of alternatives for carrying out educational meetings, taking into account the effects of the pandemic on students' work and personal life, we value individuals in a group situation.

We reached new agreements, and it was possible because they had freedom to express the anguish and suffering which made it possible to complete the educational activities with engagement, although many believed that they would not be able to carry out the project due to the difficult context and the work overload given by the pandemic.

As in the public spaces for discussion of workers, we observed that in the bonds that were established in the learning communities of the ESPIE project, cooperation, trust and solidarity among colleagues prevailed. Basically, this was the main factor that, ultimately, enabled the increasing adhesion of students to the proposed activities and the continuity of the project.

CONCLUSION

The decree of contamination by SARS-CoV-2 as a pandemic, on March 11, 2020, by the WHO made the scientific agenda and the eyes of the whole world turn to the field of health. The emergence of this theme led to a boom in scientific production and the mobilization of various research agencies and universities.

It is noteworthy that never in history has it been learned and produced so much with a large number of published scientific studies on SARS-CoV-2 and vaccines being developed in a short period of time. The WHO guidelines have sparked heated debates around the world about the relevance of using evidence in government decisions. The relationship between science, health and politics has never been more prominent, the most emblematic cases being the discussion about the adoption of social isolation strategies, the mandatory use of masks or what would be the most effective therapy in the treatment of diseases caused by the virus .

In this context, concepts and terms started to appear frequently in scientific journals, media and social networks, such as scientific evidence, quality of research, randomized studies, systematic reviews, among others. If, at the beginning of the ESPIE project, these concepts might sound strange to most students, in these pandemic months, no more.

In the virtual meetings of the project, we had countless reports of how the concepts addressed made much more sense at that moment and how they were taking this opportunity to demonstrate to other managers and stakeholders the importance of using evidence in health management.

Besides that, the emergence of the pandemic in Brazil meant that a number of municipalities needed to develop protocols and adaptations in their health systems. The need to look at evidence from countries that had already gone through more acute phases of the pandemic, such as China and some European countries, was imperative and necessary. The students who were in our project, for many times, were great supporters and active in the front line in this work.

The pandemic revealed to our eyes and the eyes of the students a great opportunity for learning and experiencing in practice beyond the expectations of the project itself. On our part (teachers / facilitators), the challenge was to promote curiosity and creativity, welcome anxieties, support them and encourage them to understand that education and the acquisition of new knowledge will always be committed to the transformation of reality.

Acting as a teacher has been a great challenge. The need presented us with new ways of contacting students and, at that point, expanded the possibilities of the model as we worked. However, it is necessary to recognize the burden imposed on all of us at that time when we had to reconcile the family routine with the home office format, which resulted in an accumulation of functions.

In this sense, TDIC presented itself as an important tool for the teaching work process, since they helped mediate the teaching-learning process by offering new ways to interact, share and socialize knowledge.

As a future perspective in offering other editions of the Project, these technologies will certainly be an alternative for the continuous and permanent training of professionals in the world of work, considering that the pandemic by COVID-19 is not yet under control and others may arise due to the lack of environmental control in our country.

The project, with its proposal in the educational dimension, favored the group of students, teachers / facilitators and coordination to understand the importance of competence in articulating knowledge, skills and attitudes. The latter are represented in the attitude and motivation to continue the Project that is committed to SUS, so necessary in the current health context in the country.

The performances proposed in the Competency Profile were developed and applied in the construction of Evidence Summaries that, with their Action Plans for implementation in health scenarios, allowed the experience of using management tools, which put us at the service of users, of communities and populations that impel us to a scientific stance and involved with empathy in such challenging times for human life.

The delicacy of the moment lived by all is being fundamental to realize the existence of important learning movements to be explored in different dimensions, both by students and teachers involved in this difficult process of health education. This brings us comfort to move forward, strengthened to face future challenges, betting on meaningful learning and knowledge sharing.

The report of this experience cause us to recognize the importance of having revisited so many moments since the beginning of this Project, which provided learning, and gives us the opportunity to share with all those who not only believe, but trust that through science and the attitude committed to the inalienable asset of life, we can and must transcend the limits of politics for the management of public policies in our country and that they are informed by evidence.

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