revista docência do ensino superior

VOLUME 12
2022

ISSN: 2237-5864

DOI: https://doi.org/10.35699/2237-5864.2022.36307

SECTION: ARTICLES

Virtual postpartum visit: an educational strategy in covid-19 pandemic times[1]

Márcia Maria dos Santos de Moraes[2],
Erika Maria Sampaio Rocha[3]

ABSTRACT

The covid-19 pandemic, among other things, limited health actions and in-person teaching. This study addresses the report of an experience that sought to allow medical students to carry out postpartum visits through calls via messaging applications and a return to clinical practice based on the exercise of communication skills, critical reflection, clinical and ethical reasoning. Initially, training meetings were held, and a guiding clinical script was prepared to be used during the calls. An online spreadsheet containing data on the postpartum women was created for the distribution of care, as well as a virtual supervision group comprising teachers, students, and professionals. The supervision, feedback, and evaluation strategies proved to be important in the development of the proposed competencies and demonstrated the effectiveness regarding the recommendations given to postpartum women and a greater autonomy of these women in care. This practice can be adopted in isolated educational modules, complement curricular components, and be adapted to other population groups. Its methodological validity for courses in the health area is reiterated.

Keywords: competency-based education; medical education; pandemic; covid-19; postpartum period.

How to cite this document – ABNT
MORAES, Márcia Maria dos Santos de; ROCHA, Erika Maria Sampaio. Virtual postpartum visit: an educational strategy in covid-19 pandemic times. *Revista Docência do Ensino Superior*, Belo Horizonte, v. 12, e036307, p. 1-20, 2022. DOI: https://doi.org/10.35699/2237-5864.2022.36307.

Received on: 24/09/2021
Approved on: 20/01/2022
Published on: 13/04/2022

[1] The authors were responsible for translating this article into English.

[2] Universidade Federal do Sul da Bahia (UFSB), Campus Paulo Freire, Teixeira de Freitas, BA, Brazil. ORCID ID: https://orcid.org/0000-0001-5344-2337. Email: dra.marciamaria@uol.com.br

[3] Universidade Federal do Sul da Bahia (UFSB), Campus Paulo Freire, Teixeira de Freitas, BA, Brazil. ORCID ID: https://orcid.org/0000-0003-4347-0531. Email: emsampaiorocha@gmail.com

Visita puerperal virtual: estratégia educacional em tempos de pandemia de covid-19

RESUMO

A pandemia de covid-19, dentre outras coisas, limitou as ações de saúde e o ensino presencial. Este trabalho aborda o relato de uma experiência que buscou proporcionar aos estudantes de Medicina a realização de visitas puerperais por meio de ligações por aplicativo de mensagens e um retorno à prática clínica com base no exercício de competências comunicacionais, reflexão crítica, raciocínio clínico e ética. Inicialmente, foram realizados encontros formativos e foi elaborado um roteiro clínico orientador para uso nas chamadas. Foram criados uma planilha online com dados das puérperas para distribuição dos atendimentos e um grupo virtual de supervisão com docentes, estudantes e profissionais. As estratégias de supervisão, feedback e avaliação se mostraram importantes no desenvolvimento das competências propostas e evidenciaram efetividade nas orientações às puérperas e numa maior autonomia delas no cuidado. Essa prática pode ser adotada em módulos educacionais isolados, complementar componentes curriculares e ser adaptada para outros grupos populacionais. Reitera-se sua validade metodológica para cursos da área de saúde.

Palavras-chave: educação baseada em competências; educação médica; pandemia; covid-19; período pós-parto.

Visita puerperal virtual: estrategia educacional en tiempos de pandemia por covid-19

RESUMEN

La pandemia por covid-19 limitó acciones de salud y augmentó la demanda por enseñanza remota. Esta experiencia buscó proporcionar a estudiantes realización de visitas puerperales por medio de llamada por aplicativo de mensajes y retorno a la práctica clínica por ejercicio de competencias comunicacionales, reflexión crítica, raciocinio clínico y ética. Estudiantes fueran preparados para seguir guion clínico orientador durante la chamada. Fueran creados: planilla online con datos de puérperas, alimentada por la universidad y maternidad, para distribución de atendimientos; grupo virtual de supervisión con docentes, estudiantes y profesionales. Las estrategias de supervisión, feedback y evaluación se mostraran importantes en el desarrollo de competencias propuestas y evidenciaran efectividad para orientaciones a puérperas con menor número de encaminamientos y mayor autonomía de ellas en el cuidado. Esa práctica puede ser adoptada en módulos educacionales aislados, complementar componentes curriculares y adaptada para otros grupos poblacionales. Reiterase su validad metodológica para cursos de salud.

Palabras clave: educación basada en competencias; educación médica; pandemia; covid-19; periodo posparto.

INTRODUCTION

The covid-19 pandemic has brought changes to the routine and living conditions of the population (BRASIL, 2020a). Basic health actions throughout Brazil have become restricted due to the need to prioritize the demand for the treatment of respiratory symptoms, safety measures and the decrease in the number of health care professionals. The impacts of these limitations were more evident in smaller municipalities and in rural and remote territories (FLOSS et al., 2020).

Access to routine services became difficult for some population groups due to the pandemic, among which mothers, especially those in the postpartum period, and newborns stand out. Postpartum women and newborns already suffered with the difficulty in having access to health care, even before the pandemic, given the indicators of maternal and child morbidity and mortality in Brazil (BISCARDE; PEREIRA-SANTOS; SILVA, 2014; LANSKY et al., 2014; SILVA et al., 2018). The Stork Network (RC, *Rede Cegonha*), a policy that aims to ensure the right to reproductive planning, humanized care during pregnancy, childbirth and the postpartum period and to the healthy growth and development of children, reinforces the importance of home visits during the postpartum period (BRASIL, 2011).

In the national academic scenario, traditional in-person classes were replaced by remote activities and classes, along with reinventions and adaptations in the use of digital platforms. Regarding the theoretical curricular components, it was possible to reconnect teachers and students to the teaching contents. However, practical and in-person activities were greatly affected or even precluded for students attending the initial years of health courses (BRASIL, 2020b).

A scope review study, in the international scenario, on medical education during the covid-19 pandemic, identified that pedagogical strategies were focused on remote teaching, using digital distance education platforms (SANTOS et al., 2020). This study highlighted the need for teachers to be involved in the pedagogical process, the planning of activities and the identification of appropriate digital platforms.

In the medical course of *Universidade Federal do Sul da Bahia* (UFSB), the institutional decision, after a few months of the pandemic, was to gradually return to internship activities and remote theoretical classes for the other semesters. Based on the Education through Work for Health Program (*PET Saúde*), as published in the 2018 Public Notice, *PET Saúde* Interprofessionality, an extension activity suspended due to the pandemic and that addressed the topic of maternal and child health, the authors envisioned the possibility of offering the students attending the initial semesters of the clinical cycle the opportunity to experience a virtual clinical practice through the use of digital technologies.

It is known that the medical training process is associated to health demands and needs, to public education and health policies and to the service organization models (GONTIJO; ALVIM; REIS, 2018). Based on this perspective, the teaching-learning process focuses on mediating the development of essential competencies by students so that, at the end of the training path, we have professionals who are capable of providing an ethical and humanized service, which translates into trust and safety for the users of health services.

A recent systematic review evaluated the development of critical, reflective, humanistic and ethical competencies by medical students through online activities and found a high degree of occurrence in those with feedback and that stimulated their reflective capacity (MOURA et al., 2020). Another review highlighted the need for special attention to the development of communication skills, which are essential in approaching the people who seek care (SANTOS *et al*., 2020).

Providing home visits to any priority population group is in accordance with what is recommended by the National Curriculum Guidelines (DCN, *Diretrizes Curriculares Nacionais*), as it meets the need for teaching-service-community integration and offers the student the opportunity to develop fundamental skills for their professional training (BRAZIL, 2014).

From this perspective, considering the need to develop communicational, reflective and ethical skills, even in a pandemic sanitary context, the authors proposed a virtual clinical practice for medical students. The present article is the report of this experience, which aimed to carry out postpartum visits, through a message application, by students from the 3rd to 5th year of the Medicine course, with teaching supervision and clinical discussions with a group of service professionals, in an online format.

METHODS

The experience represented part of the PET Saúde Interprofessionality and was structured into three moments: steps for implementation (FIGURE 1), making the calls to schedule the postpartum visits (FIGURE 2) and assessment of the acquisition of the proposed competencies.

Steps for implementation

With the maintenance of extension projects in the remote format, it was possible to envision the possibility of getting students back into clinical practice while using a pedagogical strategy that contemplated the exercise of communication, reflection and ethics competencies, using the phone call technology through the WhatsApp application and the virtual postpartum visit in the context of primary health care as the topic.

This pedagogical strategy was made possible by the teaching-service-community partnership established between the university, the municipality where the health campus is located and the State Health Secretariat. The municipality has a referral maternity hospital for thirteen municipalities, in which a significant number of births occur monthly. The project was discussed with professionals from the maternal-child and the Primary Health Care networks, and the support of these services was decided for cases where in-person care for postpartum women and newborns became necessary.

The project was publicized among students from the 3rd to 5th years of the medical school and among health professionals who participate in the university extension projects coordinated by the teachers, who organized the virtual training meetings for the participants' previous training. Internet access and attending the training meetings comprised the criteria for participation. A previously attended curricular component related to maternal and child health was not required from the students. A total of 25 volunteer students and ten health professionals (from the areas of Nursing, Psychology, Nutrition and Dentistry) constituted the group that participated in the experience.

The virtual training meetings addressed topics such as postpartum care for the mother-baby binomial, communication and relationship between student and postpartum woman mediated by technology, and ethical aspects related to a telephone call through a messaging application. Active learning methodologies were used, such as case studies and simulation of an environment that was similar to a real home visit, close to the context of the proposed practice for the students. The daily situations experienced by the postpartum women were portrayed as case studies to give students the opportunity to carry out the exercise of thinking in a critical, reflective, humanistic and ethical manner, applying knowledges, skills and attitudes to achieve the proposed competencies.

The virtual postpartum visit aimed to be similar to the home visit format, and the observed risk situations or clinical complications received adequate support and constituted topics and scenarios for the study and discussion of cases in the training meetings that followed in parallel to the online postpartum visits.

To facilitate the students' approach to the postpartum women, the teachers developed a guiding script based on the recommendations of the Ministry of Health aimed at the care of the mother-baby binomial in the First Week of Comprehensive Health (*Primeira Semana de Saúde Integral*). The first part of this script ended with an open question so that the postpartum woman could express her concerns, doubts and needs. This was the moment for the students to exercise their listening and understanding of the postpartum woman's real needs. In the second part of the script, the students described the assistance they provided and, at the end, wrote a reflective text, evaluating the experience of "attending to that case".

A group was created in the messaging application meant to be used as a space for sharing the students' questions and to provide prompt and adequate guidance to postpartum women in real time. A second virtual group was also created that comprised the teachers and health professionals from the Primary Health Care teams, institutional support and the maternal-child hospital referral unit in the municipality to share needs and discuss interprofessional and managerial conducts, according to the needs of each case. In this group, the recommendations were also generated in real time.

The starting point for the effective start of the virtual puerperal visits was the creation and sharing of a virtual spreadsheet stored on a drive containing basic information about each postpartum woman (name, address, telephone number for contact, delivery and hospital discharge dates). This worksheet was fed daily by the maternity hospital professionals after hospital discharge and constituted the integrating instrument between the different points of the maternal-child care network and the university.

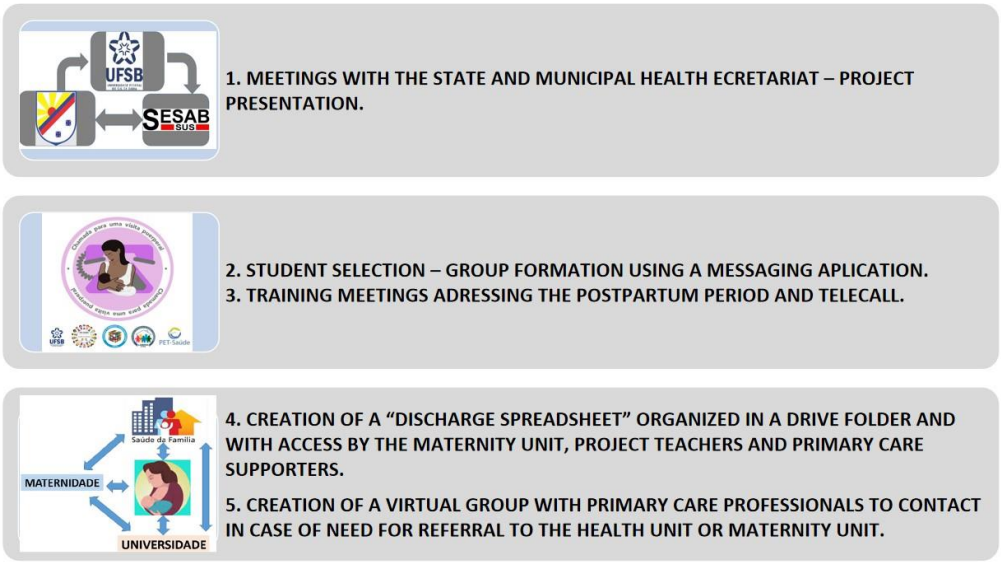

Figure 1 – Phases of the virtual postpartum visit implementation.

Source: Prepared by the authors.

Making the calls to conduct the virtual postpartum visit

The postpartum women, at the time of hospital discharge and after accepting to participate, were aware that they would receive a call through the WhatsApp messaging application. The teachers, having access to the integrative spreadsheet, organized the contacts, linking each postpartum woman to a particular student and scheduling a rotation to maintain a number of equivalent calls between them.

In their homes and after a new request for consent received by message, the postpartum women received the call for the postpartum visit. The students connected their own devices,

using the project logo on their profile as a form of identification for the duration of contact with the postpartum woman. Students who refused to participate were removed from the group. The calls were scheduled with the postpartum women to fit the date and time defined by them.

At the time of the call, the students followed the clinical script prepared for the interview and the postpartum women were instructed, at the time of the initial contact, to have the discharge report, the pregnant woman's booklet and the child's booklet at hand, when possible. The examination of these documents took place according to the postpartum woman's level of schooling, who could read or send the documents through the application, if necessary. The same happened in relation to the physical examination in cases of complaints that could be guided through the identification of signs by image or video, for instance, skin lesions, appearance of the breasts or the umbilical stump.

Three situations were predicted for the termination of the calls. In the first one, the student was able to provide assistance to the postpartum woman adequately and safely, ending the call. In the second, the student had some doubts about the provided assistance, which prompted teaching guidance. Therefore, the case was presented to the group, while preserving the postpartum woman's identification, doubts were resolved and, during a second call, the student complemented the recommendations and ended the call. In the third situation, it was necessary to carry out an in-person care at the health unit or hospital unit. In these situations, the teachers came into immediate contact with the health professionals who gave support to the municipality health care network. In all of the calls, the postpartum women were instructed on warning signs, according to the clinical history, that required going to the health unit or the maternity hospital in cases of emergencies (FIGURE 2).

In addition to the situations listed above, the postpartum woman’s confidence in the students and teachers allowed other calls to be made aimed at providing other types of guidance, even after the end of the assistance. The students were instructed to meet the needs of and advise the postpartum women to seek the health service for follow-up, if necessary.

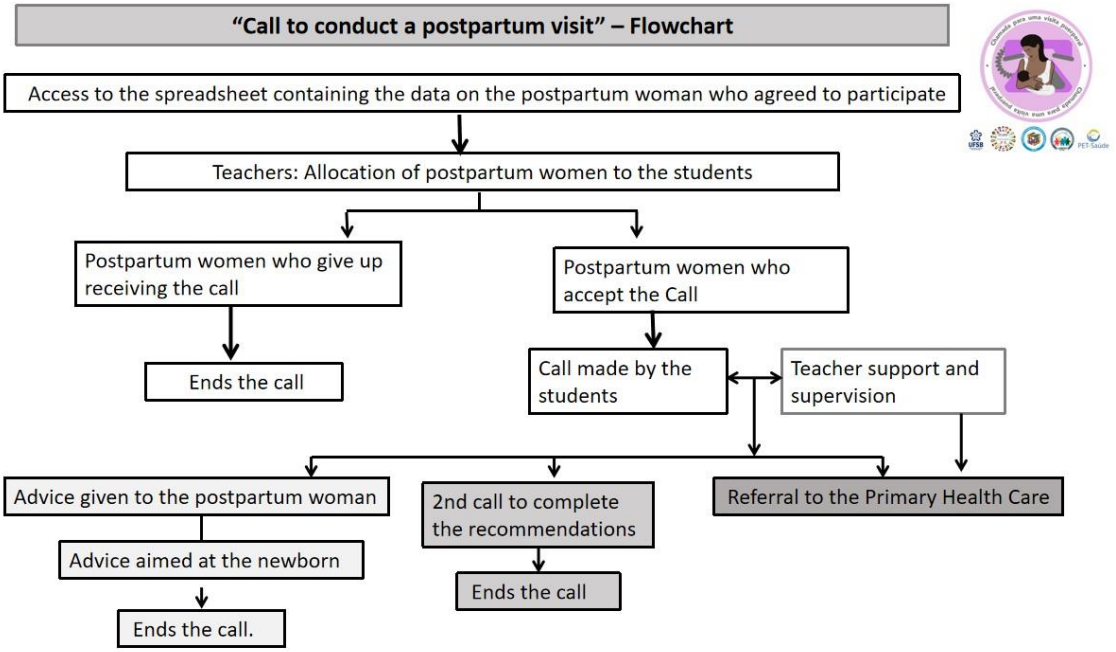

Figure 2 – Flowchart depicting the steps for "Scheduling a postpartum visit call".

Source: Prepared by the authors.

Pedagogical strategies - assessment of the acquisition of the proposed competencies

Supervision, feedback, and the assessment of the acquisition of the proposed competencies were used as methodological learning strategies.

Call supervision

Real-time supervision was organized through the virtual group with the teachers and health professionals participating in the project. In this virtual environment, before receiving the relevant recommendations for each case, the students were encouraged to exercise clinical reasoning, communication and attitude skills, and ethics. The discussions ranged from simple questions to the identification of warning signs, the need for urgent referral and relational issues that also generated reflections on clinical practice. During these discussions, the students were encouraged to record their viewpoints and share texts and reference materials, such as images, videos and podcasts about the discussed topics.

To assess the development of knowledges, skills and attitudes, the students were observed regarding their interest in acquiring further knowledge, the form of participation and the exposure of their perceptions during the discussions. The student's interaction with the postpartum woman was evaluated according to the way the ideas were presented (conciseness, reasoning), including the cultural context, the solution of problems and the communication of the decisions that were made.

Student performance evaluation and feedback

The complete script filling out, the description of the provided assistance and the quality of the reflective text prepared by the students, in addition to the way in which the student shared their doubts in the group, encompassed the subsidies for the group's feedback and performance evaluation. Based on these same parameters, individual and more detailed feedback was carried out according to the student's needs, being the moment when the strengths were praised and what needed to be improved for the next call was pointed out.

At the end of the project, the students answered a self-assessment instrument, prepared by the teachers based on the literature and aimed at identifying the acquisition of “Knowledge”, “Know-how to do”, “To live and get along” and the capacity for critical reflection (DELORS et al., 1998).

The project was approved by the Committee for Ethics in Research on Human Beings of *Universidade Federal do Sul da Bahia* (UFSB).

RESULTS AND DISCUSSION

The project started in August 2020 with training meetings. In September, the calls for postpartum visits were initiated, carried out until April 2021. Throughout this period, the experience showed positive results in the academic and public health settings, qualifying medical training and benefiting the maternal-child care network and the families involved.

The spreadsheet created to share information about the births was the greatest expression of integration of all the sectors involved in the project, because without this instrument, it would not have been possible to conduct a swift and effective dialogue between the different points of the maternal-child care network and between them and the university. This greater integration favored safe access to postpartum women in a pandemic scenario. Adding all the information about the performance of each call to the spreadsheet demonstrated a significant number of resolved doubts and a low percentage of referrals to health services, benefiting the postpartum women and the care network.

The virtual postpartum visit through an application call, of almost universal access, expressed the reconciliation of clinical practice scenarios in the face of the adverse context of a public health emergency. The activities proposed for a population group that became more vulnerable in the context of the pandemic attenuated the absence of in-person care both for the Brazilian Unified Health System (SUS, *Sistema Único de Saúde*) users, due to the assistance directed to their needs, and for teachers and students, who were able to practice activities that favor the development of competencies, mainly in communication and ethics.

The experience report was consistent with what the literature points out about the use of the WhatsApp messaging application, which favors the current communication between professionals in a health service, and even between professionals, students from the health area and patients (SANTOS et al., 2021), and that there are situations of preferential use of WhatsApp to clarify doubts about diagnoses and treatment (LEÃO et al., 2018; PETRUZZI; BENEDITTIS, 2016). The application can also favor the development of the teaching-learning process and bring out new forms of interaction between teachers and students (PAULINO et al., 2018).

Amidst the covid-19 pandemic, educational institutions have sought new and safe methodological strategies that will allow them to give continuity to the learning of skills that are necessary for a qualified professional profile that meets the population's health needs (GOMEZ; AZADI; MAGID, 2020; SANTOS et al., 2020).

In the initial call process, the students were challenged to develop skills in oral communication, active listening, anamnesis practice, a reflective and ethical attitude through a phone call. Conducting the anamnesis required using adequate language, according to the cultural context, addressing the questions included in the technical script and qualified listening, competencies that, ultimately, favored the construction of prompt answers, considering the postpartum women's questions (AGUIAR et al., 2014; LEHMANN; SULMASY; DESAI, 2018).

The students' evolution regarding the acquisition of competencies was followed in the discussions carried out during the teaching supervision, the feedbacks and in the script evaluations, which resulted in increasingly effective assistance offered to the postpartum women, preventing referrals in the vast majority of cases and favoring the women's autonomy in caring for themselves and their newborns. Borges et al. (2014) infer that the formative assessment and teacher training aimed at providing effective, frequent and high-quality feedback are crucial in the training of future health professionals, keeping a close relationship with the competence of the professional who will be delivered to society.

Even when considering the limitations imposed by the virtual environment, clinical competencies were developed based on the anamnesis, with the understanding, formulation and management of the problems described by the postpartum women. In some calls, the students received images or videos sent by the postpartum women, which were the approximations of the physical examination in the presence of the limitations brough on by the health context. These experiences provided discussions and the development of clinical reasoning, leading to appropriate diagnoses and conducts. The development of these clinical competencies was demonstrated in the discussions of the virtual groups and in the clinical reports, in which each student was evaluated regarding their individual performance, which was measured based on these parameters.

For the undergraduate student, even if it occurred through an application call, entering the postpartum women's reality gave them the opportunity to understand diverse problems, prevalent at this stage of the family cycle, in addition to favoring important ethical discussions for medical education. Advances in critical reflective capacity were evident in the texts prepared by the students at the end of each call. These texts, initially written in a timid and superficial way, gained consistency and pertinent criticism. In the following report by a student, still in the initial period of the project, the evolution towards safety in the recommendations is evident, as well as the effectiveness of the online supervision.

> *"This is my second call and I realized I had more confidence during the call. The postpartum woman had some doubts that I was unable to answer; that is a little stressful, and gives you a feeling of having little knowledge, but when solving the doubts in the group I perceive I can still grow in learning and that we are a team and the teachers are here to guide us. And with that, I reflect that I need to have more self-confidence, because I am still a little insecure about my behavior"* (Script 36).

The development of communication and critical reflection skills, evident in many reports, favored an effective dialogue between the students and the postpartum women, creating a space for listening and embracement. In the following discourses, the students translated the experience as a type of qualified care, even when considering the virtual format limitations.

> "*Because the topic of mental health spontaneously gained prominence in this call, it was very interesting to focus a little on the mother's psychological state. It can be inferred that most of us had difficulties during the year 2020, and E.F.S. is no exception to the rule. Although she and her baby are physically doing well, with no expected doubts or typical difficulties, I felt it was important to give her space to talk about her anxiety and consider possible mechanisms to reduce its impact on her life. In a quick reflection, it can be said that no two calls are the same, and that human contact has shown to be more important than ever when using telepresence"* (Script 29).

Some authors reinforce the importance of humanistic and reflective training based on specific components of the formal curriculum, allowing the evaluation and removing fundamental competences from the hidden curriculum for physicians in training (MOURA et al., 2020). Others believe that the hidden curriculum can establish a dialogue with the formal one by encouraging empathy, reflections and discussions about positive and negative behaviors in the training environment, while also fostering respect, honesty and teamwork (LEHMANN; SULMASY; DESAI, 2018).

> "*In this call, I learned not only technical knowledge about the postpartum period, but I also developed skills in communication, listening and embracement, which are essential concepts for an effective health education. Although the information and communication technologies (ICTs) prevent us*

> *from using non-verbal communication to get a message across, they allow us to connect with each other even at a distance, which makes them vital in the context of a pandemic"* (Script 24).

Communication is one of the essential components to establish a good doctor-patient relationship and for the exercise of the expanded clinical care, with greater effectiveness and safety in health care. When exercising this dialogic process that permeates academic contexts, the social reality of patients and their families and communities, the health services and management reinforce the appreciation of the communication skills and the need for an early introduction and training in medical education (AGUIAR et al., 2014; HAWKEN, 2005). Evidence has confirmed that the physician's poor communication skills are associated with lower degrees of patient satisfaction, higher complaint rates, worse health outcomes, and malpractice (HICKSON et al., 2002; KRON et al., 2017).

The virtual postpartum visit also included the training of cultural skills, providing contact with different forms of expression and language and encouraging the exercise of flexibility, respect when dealing with differences and self-knowledge. In this sense, it favors safety and the capacity to effectively communicate with different groups of people (KRON et al., 2017; RUST et al., 2006).

The postpartum women and their families benefited from the assistance provided by the students, which mainly ensured that the neonatal screening and vaccination were carried out in a timely manner and the attainment of breastfeeding, which are determinants of the children's future quality of life. As for the pandemic scenario, the assistance given by telephone call at home were able to prevent the binomial from being exposed to health or emergency risks at this critical moment. Such facts were evidenced in the following report.

> *"Therefore, being able to resolve doubts and concerns of postpartum women through WhatsApp allowed me to see the democratization of information, even if it still represents barriers for those who do not have access to the internet. With each call, I reflect on the potential of this project and the wealth of experiences it provides for my training"* (Script 49).

The development of the reflective capacity contributes to the improvement of logical reasoning. Critical reflection is the process of analyzing, questioning and resignifying an experience aiming to perform its evaluation for learning purposes (reflective learning) or to improve practice (reflective practice). Effective reflection, then, demands time, effort, and a willingness to question actions, underlying beliefs and values, and to understand different points of view (ARONSON, 2010). Many studies promote the inclusion of reflexive strategies that permeate the curricular components without overloading the already dense curricula of medical graduation (HAYTON et al., 2015).

The communication skills, the capacity for critical reflection, ethics and clinical reasoning developed by the students through this experience are in line with what is recommended in

the DCN for medical schools (BRASIL, 2014). The experience favored the development of these competencies, and a depiction of this scope was evidenced in the students' responses to the project final assessment instrument summarized in Chart 1.

Chart 1 – Summary of responses to the project final assessment instrument.

In relation to "knowing" (acquisition of knowledge)
"By making the call, I was able to consolidate the acquired knowledge, as well as list new knowledges to be studied. Thus, the cycle of study/ content sedimentation was created, demonstrating, once again, that the practice helps a lot in the acquisition of knowledge" (A19). *"[...] it was also possible to learn about qualified listening, to know how to direct the questions while listening to the mothers' demands" (A24).* *"[...] I managed to learn a little more about how to approach the patient, I expanded my view of the other's needs, I trained to 'listen' and understand what the person has to say to us. Moreover, amidst our case discussions in the group, I was able to consolidate knowledges" (A2).* *"By getting to know the experiences of different mothers and their children, knowledge became more 'palpable' and, in an individualized and personalized way, we became an instrument to change thoughts and attitudes that were previously unknown to the mothers, as well as acquired experience and greater skills to approach this group of patients" (A11).*
In relation to "know-how" to do (communication, collective resolution and dexterity skills)
"[...] this project was exactly that, with each call I felt more prepared, not only in relation to the medical content, but mainly regarding how to communicate and behave" (A19). *"[...] I managed to develop better communication and problem-solving skills with the teachers' help and the group constituted by the project participants" (A24).* *"Very often, the experiences of colleagues helped me in the construction of clinical reasoning and when doubts arose, I went to the group to asked for help. These exchanges were very important in the construction of my practice" (A4).* *"Gaining the mother's trust even when she was not able to see me, just listening to me, was one of the most challenging things I've participated in to date. I found it an extremely difficult task, but I managed to assist some postpartum women who were receptive and open to new opportunities" (A3).* *"I believe that I learned a lot about the importance of being well prepared before the calls and about being calm in not knowing how to respond, informing this to the postpartum woman and consulting the teachers to give her a feedback later on. The group discussions were also very productive in this sense, as I realized that, like me, other colleagues had doubts to be resolved during the process" (A12).* *"Communication was facilitated as early as in the construction and presentation of the project by the teachers [...]. So, when I started to communicate with the postpartum women, I already had a great focus. I also tried to make myself clear [...] each one had their own particularity, history and different ways of communicating. [...] thus, an objective, qualified listening is of the utmost importance, but at the same time, adapting it according to each need" (A17).*

In relation to "To live and get along" (affective domain, determination, flexibility, tolerance and ethics)
"I took on the responsibility for contacting, scheduling, answering, asking questions, etc. And that makes me more capable in the affective domain too, since it was necessary to know how to talk, understand and listen to the other" (A19). *"Working in a group is always a challenge, so having ethics and tolerance is always necessary for a harmonious result. Also, receiving the postpartum woman's number, finding a common time with them was a great exercise in flexibility. I created a bond with all the women I established a communication, which made me think about the importance of the bond between the health professional and patient to attain therapeutic effectiveness" (A7).* *"The project helped me a lot in this regard, mainly because of the format (call), as I realized that in the tone of voice or the way the questions were answered, it was possible to find information that helped guide the call more effectively. I realized that the postpartum moment, even when filled with joy, has complexities and needs that are unique to each mother-baby duo. I consider that, overall, I showed a good performance in these domains" (A12).*
Critical reflection on the project experience
"Knowing how to listen to the other is a complex process that certainly requires dedication. Listening to what the other has to say and being able to analyze what may exist between the lines is a challenge. Giving assistance, explaining something to a person, making them understand that sometimes it is necessary to break beliefs and preconceptions that have already been consolidated is not by far an easy task. [...] Among the points that left an impression in me in relation to the project, I believe this was the most impactful, feeling confident to tell a person what is right, why it is right and how that would benefit them, to perceive whether she believes it and is willing to follow the recommendations for her and her child's well-being, it is a unique moment" (A2). *"Participating in this project contributed to the construction of the professional I want to become, and each experience counts to establish knowledge that is important in health care practice. Thus, to assist someone I have to understand what I am talking about, to be able to provide an effective listening, and not just to put together a medical record with specific data" (A17).* *"The project helped me to have more confidence in myself, to reassure the person on the other end of the line and to learn about how to report on a case more clearly and objectively. It also helped me to be honest with myself about my difficulties and limitations. The discussions of the cases in the group were very productive. I was able to learn not only from the assistance provided to the postpartum women, but also from my colleagues' successes and mistakes" (A20).*

Source: prepared by the authors.

Regarding the final assessment and the acquisition of competencies, we sought to identify the gains acquired with the practice in the students' narratives using the instrument whose development was based on the proposed competencies and on the relevant literature. The evaluation process needs to be consistent with the educational proposal and the adopted methodologies, which must be able to identify the results obtained to correct possible failures, overcome difficulties and reinforce the gains obtained by the proposal (BRASIL, 2018). Some authors emphasize that, in medical education, the development of competencies constitutes a structuring axis of training and should guide the teaching contents, the educational strategies and the evaluation processes (GONTIJO; ALVIM; REIS, 2018).

The university's rapprochement with the community represented a remarkable gain for students in this pandemic context. The virtual access to postpartum women and the implementation of the necessary assistance adds a new approach to the continuation of extension projects and curricular components that support the teaching-service-community integration.

This project revealed some weaknesses in the maternal-child care network that challenge an effective and timely care. These aspects, disclosed by this experience, generated topics for training meetings with the network professionals.

The virtual postpartum visit corroborated the Ministry of Health guidelines regarding the carrying out of the First Week of Comprehensive Health, even in the current health context (BRASIL, 2012). It has also highlighted the opportunity to advance in the integrality of care through the support of the care network, the exercise of collaborative practices and the performance of permanent health education activities. Indeed, altogether, these advances will contribute to interprofessional training and work in the SUS settings, to decrease maternal-child morbidity and mortality and to improve the quality of life of mothers and children.

FINAL CONSIDERATIONS

The experience reconciled the recommendations defined in the DCN for medical schools and the social distancing recommended due to the covid-19 pandemic. The activities carried out by the students showed to be effective in the development of clinical, communication and ethical competencies, recommended for a good training in health. The clinical competencies, which are more difficult to perform and measure in the virtual environment, were evaluated through the practice of anamnesis and a physical examination that was as close as possible to the in-person one, considering that they favored clinical reasoning and adequate definitions of diagnoses and conducts.

The practice had some limitations, such as the use of students' cell phones and participation only of those with internet access. However, this fact did not affect the activity, considering the end of the contact with a maximum of two calls. Another limitation concerns the non-participation of postpartum women who lived in more remote rural areas, who did not yet have access to digital technologies. Regarding the pedagogical strategy adopted, the identified limitation was the impossibility of observing the student's performance during the call, even with supervision taking place in real time.

Although with some limitations, the reported methodological strategy can be adopted in educational modules of health area courses, alone or complementing in-person curricular components, challenging the hidden curriculum. The method can also be remotely maintained in the initial semesters of the courses, including other population groups and allowing

collaborative practice between health courses, according to the learning objectives. Thus, its methodological validity is reiterated in undergraduate medical courses and in other courses in the health area.

This educational strategy resulted in gains for teaching in the medical course, considering that, in a situation of academic activity discontinuation, the possibility of resuming the activities was envisioned. The experienced practices favored the exercise of essential competencies for doctors in training with the use of active teaching-learning methodologies and the need to use digital technologies, constituting challenges for many teachers in the pandemic context.

The assessment of student performance and the acquisition of the proposed competencies – which took place in a procedural way and based on the guiding script of the interviews, on the case presentation and conduct in the group, on the clinical reasoning developed at each presentation and on the suggested conducts and assistance, all in a virtual format – was a challenging point for the teachers. Here, once again, the teachers needed to reinvent the classroom space and traditional evaluations to seek adjustments between the teaching-learning methods and the evaluation of competence acquisition in the remote format.

From the training meetings with simulations of care to the discussions of cases in real time, the experience contributed to increase the teachers' methodological baggage, to show that its reproduction into other curricular components is possible and to improve the exchange of knowledge and practices between teachers.

On the other hand, regardless of the pandemic, it is known that many higher education teachers work with active methodologies and digital technologies. What is expected from this experience is to encourage other teachers who still excel in traditional theoretical classes and stay away from actual clinical practice or the use of active methodologies, even though these have proved to be crucial in driving changes in medical education and training.

REFERENCES

AGUIAR, Adriana Cavalcanti *et al*. O ensino da comunicação na formação profissional em saúde no Brasil: análise da literatura especializada posterior à homologação das Diretrizes Curriculares Nacionais. *Cadernos ABEM*, Brasília, v. 10, p. 69-77, dez. 2014. Disponível em: https://website.abem-educmed.org.br/wp-content/uploads/2019/09/CadernosABEM_Vol10.pdf. Acesso em: 25 maio 2020.

ARONSON, Louise. Twelve tips for teaching reflection at all levels of medical education. *Medical Teacher*, v. 33, n. 3, p. 200-205, set. 2010. DOI: https://doi.org/10.3109/0142159x.2010.507714. Disponível em: https://www.tandfonline.com/doi/full/10.3109/0142159X.2010.507714. Acesso em:

BISCARDE, Daniela Gomes dos Santos; PEREIRA-SANTOS, Marcos; SILVA, Lília Bittencourt. Formação em saúde, extensão universitária e Sistema Único de Saúde (SUS): conexões

necessárias entre conhecimento e intervenção centradas na realidade e repercussões no processo formativo. *Interface*, Botucatu (SP), v. 18, n. 48, p. 177-186, 2014. ISSN: 1807-5762. DOI: https://doi.org/10.1590/1807-57622013.0586. Disponível em: https://www.scielo.br/j/icse/a/4KKBh3jXwd5dLSS4NYwFk3z/?lang=pt. Acesso em: 11 abr. 2022.

BORGES, Marcos C*. et al*. Avaliação formativa e feedback como ferramenta de aprendizado na formação de profissionais da saúde. *Medicina*, Ribeirão Preto, v. 47, n. 3, p. 324-31, 2014. DOI: https://doi.org/10.11606/issn.2176-7262.v47i3p324-331. Disponível em: https://www.revistas.usp.br/rmrp/article/view/86685. Acesso em: 11 abr. 2022.

BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Portaria Nº 1.459, de 24 de junho de 2011. Institui, no âmbito do Sistema Único de Saúde – SUS – a Rede Cegonha. *Diário Oficial da União*, Brasília, DF. 24 jun. 2011.

BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. *Atenção ao pré-natal de baixo risco.* Brasília: Editora do Ministério da Saúde, 2012.

BRASIL. Ministério da Educação. Conselho Nacional de Educação. Câmara de Educação Superior. Resolução nº 3, de 20 de junho de 2014. Institui Diretrizes Curriculares Nacionais do Curso de Graduação em Medicina e dá outras providências. *Diário Oficial da União*, Brasília, 20 jun. 2014.

BRASIL. Ministério da Saúde. Secretaria de Gestão do Trabalho e da Educação na Saúde. Departamento de Gestão da Educação na Saúde. *Política Nacional de Educação Permanente em Saúde*: o que se tem produzido para o seu fortalecimento? 1. ed. rev. Brasília: Ministério da Saúde, 2018.

BRASIL. Ministério da Saúde. Secretaria de Vigilância em Saúde. *Boletim Epidemiológico nº 10*. Situação epidemiológica da covid-19 - Doença pelo coronavírus 2019 (COE-COVID19). Brasília: Ministério da Saúde, 2020a.

BRASIL. Ministério da Educação. Portaria Nº 544, de 16 de junho de 2020. Dispõe sobre a substituição das aulas presenciais por aulas em meios digitais, enquanto durar a situação de pandemia do novo coronavírus – covid-19. *Diário Oficial da União*, Brasília, 16 jun. 2020b.

DELORS, Jacques *et al*. *Educação:* um tesouro a descobrir – Relatório para a UNESCO da Comissão Internacional sobre Educação para o século XXI. Tradução: José Carlos Eufrázio. São Paulo: Cortez Editora, 1998. ISBN: 85-249-0673-1. Disponível em: http://dhnet.org.br/dados/relatorios/a_pdf/r_unesco_educ_tesouro_descobrir.pdf. Acesso em: 10 set. 2020.

FLOSS, Mayara *et al*. A pandemia de covid-19 em territórios rurais e remotos: perspectiva de médicas e médicos de família e comunidade sobre a atenção primária à saúde. *Cadernos de* Saúde Pública, Rio de Janeiro, v. 36, n. 7, jul. 2020. DOI: https://doi.org/10.1590/0102-311X00108920. Disponível em: https://www.scielo.br/j/csp/a/3G5DSvMQ9p7xnypGxPkhTNQ/?lang=pt. Acesso em: 11 abr. 2022.

GOMEZ, Erin; AZADI, Javad; MAGID, Donna. Innovation born in isolation: rapid transformation of an in-person medical student radiology elective to a remote learning experience during the covid-19 pandemic. *Academic Radiology*, v. 27, n. 9, p. 1285-1290, 2020. DOI: https://doi.org/10.1016/j.acra.2020.06.001. Disponível em: https://www.academicradiology.org/article/S1076-6332(20)30335-4/fulltext. Acesso em: 11 abr. 2022.

GONTIJO, Eliane Dias; ALVIM, Cristina Gonçalves; REIS, Zilma Silveira Nogueira. O desafio da avaliação na formação médica por competência. *Revista Internacional em Língua Portuguesa*, Lisboa, n. 33, p. 111-118, nov. 2018. DOI: https://doi.org/10.31492/2184-2043.RILP2018.33/pp.111-118. Disponível em: https://www.rilp-aulp.org/index.php/rilp/article/view/RILP2018.33.8. Acesso em: 11 abr. 2022.

HAWKEN, Susan J. Good communication skills: benefits for doctors and patients. *New Zealand Family Physician*, Wellington, v. 32, n. 3, p. 185-189, jun. 2005. Disponível em: https://www.rnzcgp.org.nz/gpdocs/New-website/Publications/NewFolder/June-2005-NZFP-Vol-32-No-3.zip. Acesso em: 11 abr. 2022.

HAYTON, Amy *et al*. Teaching medical students to reflect more deeply. *Teaching and Learning in Medicine*, v. 27, n. 4, p. 410-416, out. 2015. DOI: https://doi.org/10.1080/10401334.2015.1077124. Disponível em: https://www.tandfonline.com/doi/full/10.1080/10401334.2015.1077124. Acesso em: 11 abr. 2022.

HICKSON, Gerald B*. et al*. Patient complaints and malpractice risk. *JAMA: The Journal of the American Medical Association,* v. 287, n. 22, p. 2951-2957, jun. 2002. DOI: https://doi.org/10.1001/jama.287.22.2951. Disponível em: https://jamanetwork.com/journals/jama/fullarticle/195008. Acesso em: 11 abr. 2022.

KRON, Frederic W. *et al*. Using a computer simulation for teaching communication skills: a blinded multisite mixed methods randomized controlled trial. *Patient Education and Counseling,* v. 100, n. 4, p. 748-759, abr. 2017. DOI: https://doi.org/10.1016/j.pec.2016.10.024.

LANSKY, Sonia *et al*. Birth in Brazil survey: neonatal mortality, pregnancy and childbirth quality of care. *Cadernos de Saúde Pública*, Rio de Janeiro, v. 30, supl. 1, p. S192-S207, ago. 2014. DOI: http://doi.org/10.1590/0102-311X00133213. Disponível em: https://www.scielo.br/j/csp/a/Ss5zQXrmrGrGJvcVMKmJdqR/?lang=pt. Acesso em: 11 abr. 2022.

LEÃO, Camila Furtado *et al*. O uso do WhatsApp na relação médico-paciente. *Revista Bioética*, Brasília, v. 26, n. 3, p. 412-419, jul./set. 2018. DOI: https://doi.org/10.1590/1983-80422018263261. Disponível em: https://www.scielo.br/j/bioet/a/m7VRmh7JMs4SJQHZBrFJxvS/?lang=pt. Acesso em: 11 abr. 2022.

LEHMANN, Lisa Soleymani; SULMASY, Lois Snyder; DESAI, Sanjay. Hidden curricula, ethics, and professionalism: clinical learning environments in becoming and being a physician: a

position paper of the American College of Physicians. *Annals of Internal Medicine,* v. 168, n. 7, p. 506-508, abr. 2018. DOI: https://doi.org/10.7326/M17-2058. Disponível em: https://www.acpjournals.org/doi/full/10.7326/M17-2058. Acesso em: 11 abr. 2022.

MOURA, Ananda Cristine Amador *et al*. Estratégias de ensino-aprendizagem para formação humanista, crítica, reflexiva e ética na graduação médica: revisão sistemática. *Revista Brasileira de Educação Médica*, Brasília, v. 44, n. 3, 2020, e076. DOI: https://doi.org/10.1590/1981-5271v44.3-20190189. Disponível em: https://www.scielo.br/j/rbem/a/rFwC8ScKrLvKzZQLfs7gznF/?lang=pt. Acesso em: 11 abr. 2022.

PAULINO, Danilo Borges *et al*. WhatsApp® como recurso para a educação em saúde: contextualizando teoria e prática em um novo cenário de ensino-aprendizagem. *Revista Brasileira de Educação Médica,* Brasília, v. 42, n. 1, p. 171-180, jan./mar. 2018. DOI: https://doi.org/10.1590/1981-52712018v42n1RB20170061. Disponível em: https://www.scielo.br/j/rbem/a/zpMrfKm3JS8kKQXV43WwS7p/?lang=pt. Acesso em: 11 abr. 2022.

PETRUZZI, Massimo; BENEDITTIS Michele de. WhatsApp: a telemedicine platform for facilitating remote oral medicine visit and improving clinical examinations. *Oral Surgery, Oral Medicine, Oral Pathology, and Oral Radiology*, v. 121, n. 3, p. 248-254, mar. 2016. DOI: https://doi.org/10.1016/j.oooo.2015.11.005.

RUST, George *et al*. A crash-course in cultural competence. *Ethnicity & Disease*, v. 16, n. 2, supl. 3, p. S3-29-S3-36, primavera 2006. PMID: 16774021.

SANTOS, Bruna Mascarenhas *et al*. Educação médica durante a pandemia da covid-19: uma revisão de escopo. *Revista Brasileira de Educação Médica*, Brasília, v. 44, supl. 1, 2020, e139. DOI: https://doi.org/10.1590/1981-5271v44.supl.1-20200383. Disponível em: https://www.scielo.br/j/rbem/a/8bxyBynFtjnSg3nd4rxtmhF/?lang=pt. Acesso em: 11 abr. 2022.

SANTOS, Jéssica Caroline *et al*. O uso do aplicativo móvel WhatsApp na saúde: revisão integrativa. *Revista Mineira de Enfermagem*, Belo Horizonte, v. 25, 2021, e-1356. DOI: https://doi.org/105935/1415-2762-20210004. Disponível em: https://www.reme.org.br/artigo/detalhes/1545. Acesso em: 11 abr. 2022.

SILVA, Andreia Tenório Correia *et al*. Family medicine from the first to the sixth year of undergraduate medical training: considerations on an educational proposal for school-service curricular integration. *Revista Brasileira de Educação Médica*, Brasília, v. 42, n. 4, p. 191-200, dez. 2018. DOI: https://doi.org/10.1590/1981-52712015v42n4rb20160016ING. Disponível em: https://www.scielo.br/j/rbem/a/QRGc8hq5rFsSDLZV8ntHkDd/?lang=en. Acesso em: 11 abr. 2022.

Márcia Maria dos Santos de Moraes

Physician, graduated from *Universidade Federal da Bahia* (UFBA), medical residency in Pediatrics at HUPES/UFBA. Master's Degree and Ph.D. in Pediatrics at *Faculdade de Medicina, Universidade de São Paulo* (USP), Ribeirão Preto/SP. Adjunct Professor at Universidade Federal do Sul da Bahia (UFSB), Health Sciences Training Center.

dra.marciamaria@uol.com.br

Erika Maria Sampaio Rocha

Physician, graduated from *Universidade Federal of Minas Gerais* (UFMG). Specialist in Public Health at Universidade de Ribeirão Preto and in Family Health from *Escola Estadual de Saúde Pública da Bahia*. Ph.D. by the Postgraduate Program in Public Health at Universidade Federal do Espírito Santo. Adjunct Professor at *Universidade Federal do Sul da Bahia* (UFSB), Health Sciences Training Center.

emsampaiorocha@gmail.com