

Remote Teaching in a Technical Nursing Course in the Context of SARS CoV-2 (COVID-19)

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At the end of 2019 we received the news of the harmful attack of SARS-CoV-2 (COVID-19). Since then, the virus that initially affected Wuhan in China has spread to other countries and has infected people.

In February 2020, the virus arrived in Brazil, in the city of São Paulo and, in March, in the state of Minas Gerais, when the pandemic was officially decreed, adopting measures to restrict activities and social isolation, including the educational setting. Thus, one day everyone was within their educational environment, exercising their usual pedagogical practices and the next day, they were unable to exercise these activities in these environments.

At that moment, fear, doubt, uncertainty, sadness, anguish, among so many other negative feelings were installed within everyone because we did not know the direction that this pandemic would take and nor how we would proceed with our pedagogical practices. The educational scenario was imposed on the great challenge of “relearning to do”, “relearning to be”, “relearning to lead” in the face of the teaching model that was “presented”: emergency remote teaching to preserve the life and safety of the actors in this scenario, without an exact date of return to presence.

With no other choice left, it was necessary for many to reinvent themselves and adapt to the new way of teaching: adapting content, expository classes, classroom dynamics, evaluations; facing educational technological resources, new for many who were not close to this virtual world, and reality already present, for those who already saw it as a possibility of changing the educational paradigm [1] or who already had previous contact with the modality distance learning (EAD).

To this end, educational institutions were our partners. The managers had to go out of their way to assist and guide their teachers, as well as these to obtain learning in record time on educational technologies, all in order to minimize the maximum losses to students and maintain the continuity of courses.

The physical classroom was transferred to the virtual classroom through platforms such as google meet and zoom; the board and brush for the virtual learning environment (VLE); slide content for classes reorganized in more interactive tools such as padlet, prezi, concept map; paper assessments for online questionnaires, hot potatoes, socrative, among others. Notebooks, pencils, erasers for word documents, keyboard and delete key. All those involved needed to adapt to the “new educational resources”, in many cases, without adequate infrastructure, financial conditions, knowledge and technological skills.

And so we walk together, helping each other, supporting ourselves with difficulties, doubts, navigating within this new world, which has been called “new normal”. When it comes to the educational scenario, the activities have become more diversified, complex and exhausting, demanding from the teacher an even greater availability of time, becoming “inhuman” the work performed.

Health courses were also affected by the interruption of curricular internships as partner health institutions and professional bodies decreed the suspension of interns and supervisory professors in health establishments in order to avoid agglomerations, preserve health and focus in meeting the essential demand.

This decision was made because the student and the teaching supervisor could be asymptomatic carriers of SARS CoV-2 and contribute to the spread of the virus, besides that, if they were contaminated in an internship environment, they would be risking not only their health but, also, from your family and community.

Speaking of essential demand, many appointments were relocated, postponed and canceled also in order to reduce the circulation of people in environments that would be more susceptible to contamination by the new coronavirus.

Thus, the educational scenario with interrupted curricular practices and the health scenario itself with changes in the flow of care, impacted the teaching process in this field of knowledge and led teachers to face the challenges of teaching in times of Covid-19 pandemic.

We went through a paradigm break, in which a traditional model of content reception would have to be transformed into an active attitude of the apprentice. The teacher ceases to be the central point of the teaching process to be the one who mediates, which organizes the necessary tools for the student to seek learning [2].

To overcome the challenges in obtaining skills for clinical practices, it was necessary to work with virtual simulations such as real life, group and individual clinical scenarios, telehealth programs to provide health education. Many videos on techniques and health care were shown; symposia and group work, classes with the use of resources that were gradually inserted in the google meet platform, such as pencils, highlighters and lasers, in order to make more practical and understandable examples of clinical practices during virtual classes, among so many other technological resources.

The introduction of educational technologies in courses in the area of health, allows problematization and reflection, ensuring student learning [3].

The quality of the educational preparation provided to students in health courses needed to occur in an innovative way and the curriculum must be "re-planned" in an effective way to transmit clinical and theoretical knowledge during COVID-19. Health education, especially in technical nursing courses, is an essential service at this time. Innovative curricular changes that allow students to avoid delays in training and support the need to provide health services during the pandemic must be thought out and encouraged, this being an object for reflection at the present time.

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