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EXPERIENCE REPORT
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Use of video classes as a health education tool during the COVID-19 pandemic: an experience report

Utilização de videoaulas como ferramenta de educação em saúde durante a pandemia de COVID-19: um relato de experiência

Brenda Bittencourt Ferreira[I,*]

Esthefanie Parreira Mello Dias[II]

[I] Instituto Municipal de Vigilância Sanitária, Vigilância de Zoonoses e de Inpeção Agropecuária (IVISA-Rio), RJ, Brasil.

[II] Centro Universitário Arthur Sá Earp Neto (UNIFASE), Petrópolis, RJ, Brasil

* **E-mail:** brendha_bittencourt@hotmail.com

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ABSTRACT

Introduction: The pandemic caused by the new coronavirus SARS-CoV-2 is considered the first major pandemic of the digital media era. The social isolation resulting from the disease prevention measures favored a greater use of social networks among people, enabling the insertion of educational technologies in the networks. Video classes present themselves as a didactic and innovative resource that allows to introduce different contents in an attractive and dynamic way, configuring themselves as a great strategy to carry out health education activities in times of COVID-19. **Objective:** To report the experience on the use of video classes as a health education tool during the COVID-19 pandemic. **Method:** The video classes were built weekly, from a theoretical stance, addressing different themes, and were made available in a group created in the WhatsApp® application. **Results:** Using video classes, it was possible to maintain and carry out health education activities, transmit information, exchange knowledge and experiences, and interact with the group without the necessity of face-to-face meetings. In addition, video classes were well accepted by the target audience, who actively interacted with each topic addressed. **Conclusions:** The experiences of this project allowed a reflection on the reinvention of new methods to carry out health education, emphasizing the importance of using video classes as a tool that allows to produce educational activities in the face of the current pandemic scenario.

KEYWORDS: Health Education; Digital Technologies; Pandemic; Family Health Strategy; COVID-19

RESUMO

Introdução: A pandemia causada pelo novo coronavírus SARS-CoV-2 é considerada a primeira grande pandemia da era das mídias digitais. O isolamento social decorrente das medidas de prevenção à doença favoreceu uma maior utilização das redes sociais entre as pessoas, possibilitando a inserção de tecnologias educativas nas redes. As videoaulas apresentam-se como um recurso didático e inovador que permite apresentar diversos conteúdos de forma atrativa e dinâmica, configurando-se como uma grande estratégia para realizar atividades de educação em saúde em tempos de COVID-19. **Objetivo:** Relatar a experiência sobre a utilização de videoaulas como ferramenta de educação em saúde durante a pandemia de COVID-19. **Método:** As videoaulas foram construídas semanalmente, a partir de um aprofundamento teórico, abordando diferentes temáticas, e foram disponibilizadas em um grupo criado no aplicativo WhatsApp®. **Resultados:** Por meio da utilização das videoaulas foi possível manter e realizar as atividades de educação em saúde, transmitir informações, trocar conhecimentos e experiências, e interagir com o grupo independente dos encontros presenciais. Além disso, as videoaulas tiveram uma boa adesão pelo público-alvo, que interagia ativamente com cada temática abordada. **Conclusões:** As experiências vivenciadas pela criação

deste projeto possibilitaram uma reflexão sobre a reinvenção de novos métodos para realizar educação em saúde, enfatizando a importância da utilização das videoaulas como uma ferramenta que permite produzir atividades educativas diante do atual cenário pandêmico.

PALAVRAS-CHAVE: Educação em Saúde; Tecnologias Digitais; Pandemia; Estratégia Saúde da Família; COVID-19

INTRODUCTION

The COVID-19 pandemic caused by the novel coronavirus SARS-CoV-2 is considered the first major pandemic of the digital media era[1]. Social isolation resulting from disease prevention measures favored greater use of social networks among people, which is a great resource that allows health strategies to be developed online, achieving greater engagement and population awareness in times of COVID-19[2].

Health education includes actions involving prevention, promotion, rehabilitation and palliative care, encompassing knowledge from both sides, both health and education, and are part of the work process of professionals working within the Family Health Units (USF). Since the media have become a predominant way of accessing quick information in times of a pandemic, it is up to health services to reorganize their routines and choose the best strategies to carry out health education activities and to maintain communication with the community during the pandemic caused by the new coronavirus[1].

Digital technologies are tools that favor the dissemination of information, enhance collaborative practices, facilitate the learning process, and are fundamental in carrying out educational actions[3,4]. Among these technologies, video classes are presented as a didactic and innovative resource that allows the presentation of different contents, facilitates the understanding of different subjects, and favors critical reflection and the promotion of self-care in health[3].

Video classes have been widely used as tools in the teaching-learning process due to their different elements of images, texts, colors and sounds and because they are characterized as a low-cost technology, simple to develop and with good accessibility among people[3,4]. The advantages of video classes are the possibility of being watched at flexible times and adapting to the routine of each individual, of being rewatched countless times at different times of the day, and of contributing to the dissemination of knowledge and the dissemination of essential health information. They are thus configured as a great resource to disseminate different contents and carry out health education activities with the community inserted within the care of the Family Health Teams (FHT) during the pandemic scenario experienced worldwide[5]. Therefore, the objective of this work was to report an experience using video classes as a health education tool during the COVID-19 pandemic.

METHOD

This study is a descriptive experience report on the construction and use of video classes to carry out health education activities with the Weight Control and Associated Pathologies Group (COPPA) of the USF in Boa Vista neighborhood, located in the municipality of Petrópolis (RJ), during the COVID-19 pandemic. The video classes were prepared by academics from the 7th and 8th term of the undergraduate nutrition course, under the supervision and guidance of the nutritionist/preceptor of the local unit.

From the social isolation measures resulting from the advance of the new coronavirus, some adaptations had to be carried out to maintain group educational activities. As a result of the scenario, a group on WhatsApp® was created with the participants of the COPPA group to facilitate communication.

Some resources and strategies were tested and used for the continuity of group activities, as described below:

ZOOM Application (*ZOOM Cloud Meetings*): This strategy was introduced to make live calls and file sharing possible in real time. However, many members of the group did not have cell phones with support for this application, so it was a strategy that was not successful.

Video calls on the WhatsApp® application: This resource was used to allow live meetings and communications, however, it was a strategy that was also unsuccessful because many members of the COPPA group had an unstable internet connection, which made it impossible to participate in real time in the meetings held.

Video classes: This feature was included because it is a simple tool that allows approaching various contents in a didactic, attractive, and dynamic way. This strategy was tested, obtained great adherence by the members of the COPPA group, and, thus, began to be used in health education activities.

The video classes were produced weekly through the online platform Canva® (*Canva Pty Ltd*) after a theoretical deepening based on electronic databases in the health area and information made available by the Ministry of Health. Different contents were approached based on themes suggested by the group itself, by the nutrition interns and/or by the preceptor of the local unit. Some topics worked on were: meal planning, constipation, and flatulence, chrononutrition, hepatic steatosis, memory, labeling, menopause and premenstrual tension (PMS), varicose veins, *kefir*, nutrition and aesthetics, teas, meatless Mondays. The videos had a colorful design, images, texts with appropriate language for the target audience in order to facilitate the monitoring of the addressed content, and were recorded on the Canva® platform.

Weekly, on Thursdays, the video classes were available in the WhatsApp group®. In some themes worked on, recipes and educational materials were sent. Then, a chat with the group was opened, in which the members commented on the content covered in the video and clarified possible doubts.

RESULTS AND DISCUSSION

Technological resources are fundamental tools in the learning process, featuring an active teaching methodology capable of favoring knowledge and the development of different skills. The information shared through the video classes are driving the practice of health care and help in the independence and autonomy of the family and the community[3].

Health education represents an information and interaction resource that favors the development of self-care through articulation and understanding of acquired knowledge[6]. Despite not configuring a traditional model of health education, the audiovisual strategy proves to be an important stimulator in the teaching-learning process and has applicability in different contexts, such as primary and secondary health care[7].

Primary Health Care (PHC) is considered a comprehensive component, given its central role in providing care and guaranteeing the health of the population. Its practices are articulated in several areas of care, such as family health, providing the population with greater access to services and expanding the focus on health promotion and disease prevention[8].

As a result of the social isolation imposed by the COVID-19 containment measures, social media have become privileged spaces for exchanging information, constituting an important communication channel between people[2,9]. From the broadcast of video classes as a health education tool, it was possible to maintain and carry out educational activities, transmit information and different content, exchange knowledge and experiences, and actively interact with the group regardless of face-to-face meetings.

Providing information that can help the community to prevent itself, take care of its family and improve the quality of life in the current pandemic scenario are fundamental attitudes, therefore, the video classes are a great resource to encourage healthy eating practices and self-care in health[1]. In addition, the assisted group becomes a propagator, passing on and sharing the information and learning acquired with other individuals[6].

The transfer of information in a didactic and playful way enhances the understanding and fixation of the message to be conveyed[5]. It should be noted that the people who are involved in the process of educational action must be involved in establishing the learning needs, planning, adapting, and evaluating the resource used[4].

It is worth highlighting the importance of the active participation of the target public in the teaching and learning process[5]. During the activities carried out, the participants of the COPPA group made positive comments about the contents that were addressed, praised the explanations, actively interacted with each theme, tested the recipes, praised the work, reflected on health care, and valued the importance of each job constructed.

The approach of clear, objective, and easy-to-understand information contributes to the understanding, appropriation, and empowerment of individuals, which affects their well-being and improves their quality of life[3].

Health education mediated by video classes in the WhatsApp® group not only expanded and modified the ways of learning and teaching but also made virtual communication possible, providing interactions in time and space with greater freedom of adaptations at different paces between those who learn and those who teach, allowing them to maintain contact with learners regardless of physical distance[10].

The construction of this project also made it possible for the unit's interns to exercise their creative capacity in the construction of video classes and promoted the deepening of knowledge that was not limited only to subjects related to the area of nutrition, with great relevance in academic and professional training.

CONCLUSIONS

Considering the physical distance caused by the COVID-19 pandemic, it is essential to plan distance education activities, taking advantage of the potential growth of technological tools and social media to carry out health education activities. The video classes contributed to strengthening the bond with the health unit, transmitting knowledge and exchanging experiences and, through understanding the information received, building a unique mode of self-care among the group members.

The experiences lived through the creation of this project allowed a reflection on the reinvention of new methods regarding the applicability of technology to carry out health education, both for students and for the assisted community, emphasizing the importance of using video classes as a tool to produce educational activities in this atypical scenario.

REFERENCES

1. Palácio MAV, Takenami L. Em tempos de pandemia pela COVID-19: o desafio para a educação em saúde. Vigil Sanit Debate. 2020;8(2):10-5. https://doi.org/10.22239/2317-269X.01530

2. Lima JR, Oliveira MCP, Lima KMO, Moura AK, Almeida Junior JJ, Macedo VC. Estratégias de educação em saúde às gestantes e puérperas no enfrentamento à pandemia de COVID-19. Res Soc Develop. 2021;10(3):1-8. https://doi.org/10.33448/rsd-v10i3.13501

3. Dalmolin A, Girardon-Perlin NMO, Coppetti LC, Rossato GC, Gomes JS, Silva MEN. Vídeo educativo como recurso para educação em saúde a pessoas com colostomia e familiares. Rev Gaúcha Enferm. 2016;37(esp):1-9. https://doi.org/10.1590/1983-1447.2016.esp.68373
4. Silva JP, Bernardi FA, Franzon JC, Orlandin L, Ferlin GZ, Pereira Júnior GA. Aplicação de insulina passo a passo: construção de vídeos educativos para pacientes e cuidadores. Esc Anna Nery. 2021;25(1):1-7. doi: https://doi.org/10.1590/2177-9465-EAN-2019-0343
5. Nogueira LMV, Rodrigues ILA, Santos CB, Silva MAI, Pinheiro AKC, Vasconcelos EMR et al. Validação de tecnologia educacional sobre tuberculose para adolescentes. Acta Paul Enferm. 2022;35:1-8. https://doi.org/10.37689/acta-ape/2022AO0379345
6. Souza JS, Figueredo BF, Aquino VA, Santos JF. Ações de educação em saúde para prevenção da COVID-19 por meio da utilização das mídias sociais. Arq Cienc Vet Zool Unipar. 2020;23(2):1-5. https://doi.org/10.25110/arqvet.v23i2cont.2020.8185
7. Groia RCS, Costa JM, Paulo LDR, Viudes MAA, Martins MAP, Reis AMM. Estímulo ao uso racional da varfarina: vídeo educativo como ferramenta de aprendizado. Rev APS. 2019;22(1):76-88. https://doi.org/10.34019/1809-8363.2019.v22.16528
8. Cabral ERM, Melo MC, Cesar ID, Oliveira REM, Bastos TF, Machado LO et al. Contribuições e desafios da atenção primária à saúde frente à pandemia de COVID-19. InterAm J Med Health. 2020;3:1-6. https://doi.org/10.31005/iajmh.v3i0.87
9. Silva MMS, Carvalho KG, Cavalcante IKS, Saraiva MJG, Lomeo RC, Vasconcelos PR. Intenseção de saberes em mídias sociais para educação em saúde na pandemia de COVID-19. Sanare (Sobral, Online). 2020;19(2):84-91. https://doi.org/10.36925/sanare.v19i2.1479
10. Neves VNS, Machado CJS, Fialho LMF, Sabino RN. Utilização de *lives* como ferramenta de educação em saúde durante a pandemia pela COVID-19. Educ Soc. 2021;42:1-17. https://doi.org/10.1590/ES.240176

Author's Contributions

Ferreira BB - Acquisition, analysis, data interpretation, and writing of the work. Mello EPM - Conception, planning (study design), and writing of the work. All authors approved the final version of the work.

Conflict of Interests

The authors inform that there is no potential conflict of interest with peers and institutions, politicians, or financial in this study.