South American Publishing

SAP Community and Interculturality in Dialogue. 2023; 3:74
doi: 10.56294/cid202374

REVIEW

Pedagogical experience with Public Health campaigns from the design of socio-educational projects with insertion in the local territory

Experiencia pedagógica con campañas de Salud Pública desde el diseño de proyectos socioeducativos con inserción en el territorio local

Carlos Oscar Lepez[1,2], Irene Amelia Simeoni[1]

[1]Universidad de Buenos Aires, Facultad de Medicina, Carrera de Licenciatura en Enfermería, Ciudad Autónoma de Buenos Aires, Argentina.
[2]Universidad de Ciencias Empresariales y Sociales, Facultad de Ciencias de la Salud, Ciudad Autónoma de Buenos Aires, Argentina.

Cite as
Lepez CO, Simeoni IA. Pedagogical experience with Public Health campaigns from the design of socio-educational projects with insertion in the local territory. SAP Community and Interculturality in Dialogue 2023; 3:74. https://doi.org/10.56294/cid202374

Publication History
Submitted: 01-07-2023
Revised: 07-09-2023
Accepted: 28-10-2023
Published: 29-10-2023

Corresponding Author
Carlos Oscar Lepez

ABSTRACT

Introduction: in today's society, educational management has become an imperative for the creation of knowledge and innovative educational experiences. In the context of the Bachelor's Degree in Nursing at the University of Buenos Aires, a pedagogical experience focused on a public health campaign on Dengue was carried out. The main objective of this experience was to promote the democratization of scientific and health knowledge in relation to Dengue, guaranteeing the right of access to public health information. We sought to create an environment conducive to learning, active participation of students and interaction with the community.
Development: the experience was divided into three stages: initial, progressive and territorial anchoring. In the initial stage, students were prepared through theoretical and technical sessions. The progressive stage involved adjustments and corrections in collaboration with the teaching team. In the territorial anchoring stage, groups of students carried out the public health campaign in sectors close to the university. The evaluation was carried out using group monitoring instruments and a checklist to evaluate the individual performance of the students. A review and feedback meeting was also held at the end of the experience.
Conclusions: the proposed pedagogical experience demonstrated that effective educational management can promote the democratization of knowledge in the field of public health. Collaboration among students and the focus on the right of access to public health information are key elements. In addition, the importance of constant adaptation of educational practices to scientific and technological advances is highlighted. On the other hand, it provided an effective framework for the training of nursing students and the promotion of public health, demonstrating the importance of educational management in today's society.

Keywords: Health Campaign; Higher Education; Nursing; Social Projects; Territory; Public Health.

RESUMEN

Introducción: en la sociedad actual, la gestión educativa se ha convertido en un imperativo para la creación de conocimientos y experiencias educativas innovadoras. En el contexto de la Licenciatura en Enfermería de la Universidad de Buenos Aires, se llevó a cabo una experiencia pedagógica centrada en una campaña de salud pública sobre el Dengue. El objetivo principal de esta experiencia fue promover la democratización del conocimiento científico y de salud en relación con el Dengue, garantizando el derecho de acceso a la información pública en materia de salud. Se buscó crear un ambiente propicio para el aprendizaje, la participación activa de los estudiantes y la interacción con la comunidad.
Desarrollo: la experiencia se dividió en tres etapas: inicial, progresiva y de anclaje territorial. En la etapa inicial, se prepararon a los estudiantes mediante sesiones teóricas y técnicas. La etapa progresiva implicó ajustes y correcciones en colaboración con el equipo docente. En la etapa de anclaje territorial, los grupos de estudiantes llevaron a cabo la campaña de salud pública en sectores cercanos a la universidad. La evaluación se realizó mediante instrumentos de monitoreo grupal y una lista de cotejo para evaluar el desempeño individual de los estudiantes. También se llevó a cabo un encuentro de revisión y retroalimentación al finalizar la experiencia.
Conclusiones: la experiencia pedagógica propuesta demostró que la gestión educativa efectiva puede promover la democratización del conocimiento en el campo de la salud pública. La colaboración entre estudiantes y el enfoque en el derecho de acceso a la información pública en salud son elementos clave. Además, se resalta la importancia de la adaptación constante de las prácticas educativas a los avances científicos y tecnológicos. Por otro lado, proporcionó

© 2023; The Authors. This Open access article is distributed under the Creative Commons Attribution 4.0 license (https://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

un marco eficaz para la formación de estudiantes de enfermería y la promoción de la salud pública, demostrando la importancia de la gestión educativa en la sociedad actual.

Palabras clave: Campaña Sanitaria; Educación Superior; Enfermería; Proyectos Sociales; Territorio; Salud Pública.

INTRODUCTION

In the information and knowledge society, educational management through operational and productive decision-making, within the framework of innovation, becomes a crucial imperative. This is essential for generating and constructing genuine, current, avant-garde, critical, and socio-culturally impactful contributions.[1,2,3]

In this context, the creation of pedagogical experiences, delineated in the planning of curricular spaces that take into account essential content, theoretical and practical hourly loads, along with instances of competency training in simulation, transforms teaching practice into an ongoing and systematic process. It involves organizing and determining ideas that generate activities for relationship building, anchoring, and appropriation of the information and knowledge addressed through various forms of didactic content organization. This, in turn, establishes conductive scenarios for effective teaching and learning.[4]

University degrees, in addition to adhering to the curriculum longitudinally and lineally, which is authorized by meeting developmental standards, also encompass the Institutional Educational Project and the Institutional Curriculum Project. These components offer dimension and contextualization of all the processes entailed in the daily life of the degrees, involving members of the educational community.[5,6]

In this context, the Bachelor's Degree in Nursing at the University of Buenos Aires incorporates a course named Public Health Nursing III in the final formative period, comprising 100 hours of community practices in settings aligned with educational objectives. In the academic period 2023, this involved the development of a pedagogical experience proposal utilizing the modality of a public health campaign. This initiative is grounded in the general thematic axes of the didactic units in the curriculum program, and consequently encompasses scheduled meetings delineated through a Gantt chart within the time budget agenda during the academic training period.[7,8]

On this occasion, Dengue was selected as the topic due to its epidemiological significance as a phenomenon of interest in public health,[9,10,11] aligning with the programming and design of socio-educational projects aimed at local community integration. The fundamental objective was to socialize and enhance the democratization of scientific and health knowledge related to Dengue, with a specific focus on advocating for individuals' right to be informed accurately, assertively, and comprehensibly. The resources produced for this purpose were represented in an informational document collaboratively constructed by the 279 regular students of the study commission. This document was made accessible through a QR code available for scanning, thus providing access to the developed material. The content was further enriched through educational guidance during the students' practical experiences in the community setting, with continuous support from the teaching staff and the utilization of monitoring and evaluation tools for activities and objectives.

DEVELOPMENT

A pedagogical experience is shaped by a series of activities, methods, and approaches through which the teacher makes planning decisions for the educational process. It is implemented in a setting conducive to teaching and learning, with the objective of designing an environment suitable for this purpose.[12,13]

It encompasses the programming of educational objectives defined within a timeframe for the delivery of the content to be taught, ensuring contextual adaptation tailored to the didactic purpose and the anticipated achievement expectations of the students.[14]

Similarly, the pedagogical experience is lived through a methodology that implements designs conceived for teaching, ensuring operational effectiveness and congruence with the educational intentionality.[15,16,17]

Another essential component is constituted by the educational resources selected and determined for the teaching and learning of the addressed content.[18,19]

Finally, the educational process acquires objective value and validation through the evaluation instance. This enables the measurement of the student's progress and evolution in relation to the set objectives. It either allows for intervention with improvement processes when necessary or, through interaction, modulates the tutored function of teaching, this fosters feedback and systemic revitalization of the teacher-student relationship, mediated by formative and interest decisions in the expected competencies within the framework of the Institutional Curriculum Project (ICP).[20,21]

Pedagogical experiences are heterogeneous and inherently contextual; they do not involve the emulation of educational practices experienced in other institutional settings or training scenarios. Therefore, they are creatively designed in a manner that aligns with the reality, characteristics of the student body, substantive viability, and sustainability of the resources required for its reproduction. This design is always projected with the propaedeutic aim of impacting the quality of education, enhancing new experiences that imbue meaning into the content, the teaching role, and the performance and deployment of conceptual, procedural, and attitudinal competencies. It also involves the crystallization of a value system that gives meaning to the factual reality per se, without succumbing to a state of pedagogical and sociocultural relativism.

Teaching practice must undergo continuous transformation in response to the emergence and advancement of scientific, technological, social, environmental, cultural, normative, and macro-institutional developments. Consequently, it amplifies the

responsibility of the teaching professional in orchestrating the proposals outlined in the curricular planning for the promotion of knowledge in a specific field of science and culture. This entails generating and contributing to the institution's history, projecting educational strategies, and implementing transformative interventions that involve engagement with the environment, scientific-technical transfer, or other interests contributing to the achievement of the planned objectives.

In this context, the United Nations Educational, Scientific and Cultural Organization (UNESCO, 1999)[22] contends that the ongoing educational process empowers learners to assume a leading role in their academic setting and the society they inhabit. This approach upholds the principles of equality, justice, solidarity, freedom, and acceptance of differences and diversities, thereby fostering harmonious coexistence and the establishment of peace in all its dimensions. UNESCO conceives that pedagogical praxis should respond to a dynamic, creative, innovative, renewing, and participatory process. This perspective necessitates a reconsideration of how each participant in the educational process contributes to the construction of new models, facilitating cognitive development in learners to meet the efficiency and efficacy levels demanded by academic requirements.

According to the Holistic Pedagogical Management Model, the creation of educational proposals "involves reformulating politics, educational programs, learning strategies, and mental frameworks of the mediators who manage and guide education, maintaining a steadfast focus on the long term, towards a world of future generations, for whom there is an enormous responsibility".

In light of this, the realm of higher education presents challenges in pedagogical innovation, curriculum updating, and transformations that are relevant to the teaching faculty within a sphere of managing key competences for pedagogy.

Thus, it is observed that educational institutions offering health science degrees incorporate public health content into their curricular designs. In these designs, strategic planning and the creation of educational devices give meaning to the curriculum program, by defining minimum contents and teaching methodology. Consequently, educators are required to delineate the forms and activities for developing the transmission, interpretation, understanding, and evaluation of the contents within the analytical program, such as the health education unit.[23]

Health education is implemented through diverse forms, such as the design of socio-community projects with territorial practices, commonly known as: public health campaigns. These campaigns represent a system of organized and systematic processes and activities aimed at promoting well-being, quality of life, and comprehensive health. Their goal is to prevent adverse events, accidents, or illnesses and, through health education interventions, raise awareness among the population about relevant health issues. These initiatives are based on a range of health-related topics and problems, which are also integral parts of governmental public agendas at different levels of management and responsibility, with the ultimate goal of optimizing or enhancing the health of the community.[24,25,26,27]

On their part, Giraldo Marín et al. (2010) pose the following question: *Are communities of practice a strategy for democratizing knowledge in organizations?* In response to this question, their study concludes "...it must be acknowledged that knowledge resides in individuals who, by applying it, verbalizing it, sharing it, transforming it, and reflecting upon it, demonstrate the dynamic nature of knowledge. This is underpinned by verification and validation carried out by other participants, placing the relationship between knowledge and action at the center of knowledge management reflection. In doing so, it takes a collective dimension, that allows for the growth and refinement of this knowledge".[28]

In this context, the concept of Communities of Practice (CoP) introduced by Etienne Wenger, becomes integral. Wenger suggests that organizations represent a "constellation of communities of practice", a set of interpersonal networks that create meaning and generate knowledge. Each community has its own participants, topics, identity, and modes of interacting, sharing, and producing new knowledge. Wenger emphasizes that communities of practice should promote the democratization of knowledge, serving as spheres where participants can freely share and build knowledge based on their own motivations, interests, and freedoms, always in pursuit of the common good.[29,30,31]

Indeed, the term "community of practice" refers to a community that operates as a curriculum for the learner's life within the organization. Once the concept was articulated, these communities began to be observed everywhere, even in setting where formal learning systems do not exist. Consequently, their influence extends beyond formal educational organizations to encompass other learning spaces, such as social or productive organizations.[32]

According to Wenger, an organization's survival hinges on its capacity to structure itself as a social learning system. This implies that not only should CoP be considered, but also understanding the relationships they have with one another to actively engage in learning activities, as the willingness of community members to share knowledge is what enhances the conditions that foster the democratization of knowledge, both within these communities and beyond, in the broader organizational context.[33]

The condition of freedom and democracy within CoP is the opportunity they provide to their members to connect and navigate among constellations of CoP, facilitated by their potential of being transformed into social networks.

This concept of constructing learning from both individual and organizational perspectives, along with the existence of bridges between CoP, represents another crucial scenario of participation that promotes the democratization of knowledge in organizations. This framework facilitates individuals' interaction within the community, from their autonomy, commitment, and responsibility. Furthermore, it facilitates participation in the interaction between different communities.[34,35]

From this standpoint, the most significant aspect is the paradigm shift that occurs when knowledge is concentrated in a group rather than an individual, eliminating the egos that can hinder learning. Consequently, individuals who previously felt indispensable due to possessing information and knowledge will need to adapt by allowing the exchange of knowledge with others and they will be recognized for their participation and leadership.

Democracy as a system of horizontal relationships, not only denotes a form of political organization but also a mode of coexistence and social organization that is less vertical and more horizontal, with relationships among its members which are more

equal, consolidating processes or actions of democratization. In this sense, the common use of the term "democratization" connects us with more horizontal relationships, characterized by free participation but with commitment and alterity.[36,37,38]

It is crucial to refer to a fundamental concept related to the democratization and legitimization of knowledge, attributable to the right of access to public information, and in this case in the field of health. In this regard, national regulation state: "the right of access to public information encompasses the possibility of seeking, accessing, requesting, receiving, copying, analyzing, reprocessing, reusing, and redistributing information freely under the custody of obligated subjects […], with the only limitations and exceptions established by this regulation". (Article. 1º, Law N°27.275, 2016).

From this reason, and acknowledging the civic responsibility associated with sharing information and engaging in educational activities, it is imperative to uphold this fundamental right to promote and ensure access to public information. This is a condition regulated in the local context.[39]

Based on this ethical and legal dimension, it brings significant value to educational practices for both the teaching professional and the nursing learner. It takes into account the competences outlined in the professional practice law that explicitly includes the role of education in the discipline, health, science and technology. Consequently, this embodies a professional profile consolidated through teaching and learning experiences, with the goal of fostering meaningful interactions with individuals in practice settings.

In a systematic review article authored by Soto et al.[40] (2018), they assert that the competence in health education can be promoted through the Motivation Design Model (ARCS model by Keller). This model places a heightened emphasis on optimizing the effectiveness of nursing educators by prioritizing the attention, relevance, confidence, and satisfaction of learners, given that nursing education represents a distinctive blend of theory, application, and practice.

Soto et al.[40] (2018) also highlighted authors who demonstrated the crucial role of nursing academics in conveying theorical knowledge, fostering enthusiasm, and cultivating a positive attitude toward nursing. This influence significantly contributes to students' comprehension of professional behavior, thereby aiding in the development of skills and the formation of professional identity.

The coexistence of higher education approaches, new educational paradigms, the reconfiguration of the teaching role, knowledge promotion, technological and support resources involving digital literacy, social emergencies, and challenges in public health, collectively create a favorable framework for a turning point in conceiving, developing, and implementing educational planning for a study program within an institutional context, such as a university. In this instance, it serves as the status quo to nurture a pedagogical experience and replicate it in the academic process of a key subject in nursing undergraduate education within the local context.[41,42] Thinking in terms of an inclusive, participatory, collaborative, and meaningful perspective, it fosters a relationship that amalgamates students and the community environment as a space for the production, exchange, and encounter of scientific-technical and colloquial knowledge in such a sensitive area as human health.[43,44,45]

In the framework of the curriculum for the Bachelor's degree in Nursing at the University of Buenos Aires, the subject named: "Public Health Nursing III" was introduced during the last quadrimester of the second cycle of the training process. The pedagogical experience was established as a teaching and learning proposal centered around the development of a public health campaign. The initiative involved the selection of a focused thematic area of epidemiological interest, for this instance, the focus was on Dengue as an event with health risks and impact. The approach commenced with the design of a socio-educational project anchored and integrated into the local territory. This activity took place throughout the duration of the subject, which includes hours of professionalizing community practices as outlined in the curriculum. The campaign was executed with the active participation of 279 enrolled regular students throughout the academic period 2023.

The process was structured into three distinct phases: a) initial stage, b) progressive stage, and c) territorial anchoring stage.

During the initial stage, exclusive sessions and scheduled times were programmed for the theoretical, technical, and didactic approach to designing a health campaign and its implementation in the socio-community territory. This was achieved through collaborative work organized in cooperative groups, integrated into a shared production space in a virtual environment that generated a standard document accessible via QR code (scannable option) to disseminate information and deploy educational and communication competences during the rotation period of hours designated to professionalizing practices between May and June 2023.

During the progressive stage of collective construction, clear and precise guidelines were stablished, accompanied by tutoring, guidance, correction, and operational adjustments. These elements facilitated interaction between teachers and students, until the expected outcome was achieved, aligning with the educational objectives outlined in the subject's program.

In the territorial anchoring stage, coordinated displacement of groups of students occurred through different sectors, institutions, and public spaces adjacent to the building of the Faculty of Medical Sciences at the University of Buenos Aires (located at Paraguay 2155 in the Autonomous City of Buenos Aires). This covered a proximity radius of 30 contiguous hectares. The territorial insertion action unfolded with 20 clock hours per week over 5 successive parts between May and June 2023, totaling 100 hours of practices as defined in the curriculum of the Bachelor's degree in Nursing at the University of Buenos Aires.

The evaluation process by the teaching team incorporated the utilization of group monitoring instruments and a checklist with a Likert scale for individual performance. This approach facilitated an opportunity for the objective measurement of expected competences in the acquisition of tools and content for the experiential and educational transfer outlined in the didactic planning.

To conclude, a specific debriefing meeting was convened, facilitated through dialogue and a listening space. This gathering included a documentary record of the experience, exchanging perceptions, discussing considerations for improvement, and evaluating the advantages and disadvantages of the conducted health campaign. Additionally, the teaching team provided feedback, emphasizing key points that aligned with the evaluation instruments used.

CONCLUSIONS AND FUTURE PERSPECTIVES

This pedagogical experience resulted in benefits across multiple dimensions and for participants, specifically:

For the management and functioning of the Bachelor's degree in Nursing at the University of Buenos Aires:

1. It is recognized as an opportunity for improvement in the design of educational planning of programs for the academic period.
2. It provides innovative, transformative ideas, and encourages social interaction, under the mission of connecting with the community and upholding university social commitment and responsibility.
3. It represents the real and effective implementation of practice hours, complying with the standard of the practice work schedule within settings compatible with the educational objectives of the subject's program.
4. It fosters the exchange of teaching experiences, encouraging reconsideration and reflect in other curricular spaces within the same area or related fields that may utilize this educational process as a reference, as originally designed.
5. It enhances educational quality through teaching intervention, by integrating professional competencies, such as research and health education.
6. Materialization of the Institutional Educational Project and Institutional Curriculum Project.
7. It offers a response in a context of mass education, prompting the need to efficiently manage the resources available to the degree's management and coordination, as well as those utilized by the teaching team to translate the initiative into the educational act.
8. Opportunity to share, communicate, and disseminate this experience in other institutional settings, as well as in scientific publications in indexed journals.
9. It supports the student community in achieving the objectives of the university education they have chosen.
10. It aligns with the mission, vision, and values advocated by the degree's management and the curriculum in its essence.

For the teaching team of the subject:

1. Fostering the analysis of information and educational programming, placing a special emphasis on updating the curriculum and innovating feasible proposals.
2. Developing face-to-face, synchronous, and asynchronous interaction spaces, and optimize the relationship with technological resources and support programs as a toolbox for operating in teaching activities.
3. Providing an opportunity to establish improvement in the acquisition of professional competencies in the teaching work, encompassing training and digital literacy, as well as content.
4. Advocating for the design of instruments and strategies to evaluate the educational process at its different stages.
5. Generating a productive environment for socio-cultural, academic, scientific, and health contribution.
6. Promoting differentiation between academic years and share this iconic and productive strategy with academic authorities and teaching peers.
7. Reflecting on teaching practice in action, based on the process and its outcomes.
8. Identifying elements to enhance the proposal subsequently.
9. Encouraging the integration of the teacher-student dyad with the knowledge management environment and the development of practices.
10. Reconfiguration of the way of conceiving professionalizing practices in community settings and the challenges it entails.

For students of the Bachelor's Degree in Nursing at the University of Buenos Aires:

1. Establishment of the role and institutional space for individual and collective dynamization and exploration in the construction, development, and real translation of the experience in the context of professionalizing practices in the community setting.
2. Motivation for the acquisition or strengthening of research and health education competencies.
3. Opportunity to provide feedback on the teaching-learning process with the teacher-tutor figure accompanying the course of the objective from beginning to end.
4. Enhancement of interpersonal relationships with fellow students and the community (with voluntary participation).
5. Navigating the university education with an enriching and transformative experience that transcends the disciplinary content intention and anchors in the vision of collaborative and emancipatory construction.
6. Perception and a sense of being a protagonist in the educational process, in line with the horizontal dynamics of equality of resources and procedures outlined in the instructions and during the theoretical-technical orientation stage.
7. Reproduction of a public health campaign as a precedent that prepares them for performance in the present and future in the face of autonomous professional practice.
8. Involvement in the task and contribution of personal resources, integrating the "knowing", "knowing-how-to-do" and "knowing-how-to-be".
9. Self-assessing and generating a collective evaluation vision to achieve the outlined educational objectives.
10. Contributing genuinely and humanely to the community in the democratization of knowledge and the promotion of the legitimization of the right to access public health information on the addressed topic.

For the community that participated voluntarily and anonymously:

1. Identification of the social instance advocating for human dignity through the contribution to the right to relevant health information on the addressed event.
2. Opportunity to appreciate the role of nursing and students in the degree.
3. Positive reception of specific information on the addressed topic with clarity, assertiveness, and objectivity, in addition to free, voluntary, and free access.
4. Interest in the topic due to its consideration as a current public health issue.
5. Enhancement of the community's relation with actors from the university institution.
6. Appreciation of the university's contribution on a social scale.
7. Identification of effective time management for health education activities (adjusted not to interrupt personal activities).
8. Generation of records that facilitate the analysis of impact and the development of future interventions by actors who consider those results valuable.
9. Space to pose questions or suggest topics or issues of interest related to public health.
10. Perceiving their citizen participation as a way to revitalize the training of professionals who require such interactions to achieve learning in the career they chose.

Lastly, it is considered interesting to inquire with other actors in health sciences or related fields, posing questions that can yield liberating, productive, useful, feasible, and socially valuable proposals. In this regard, the following points are worth considering:

1. What pedagogical proposal can you identify as feasible in nursing education to be developed in community practice settings?
2. Do you identify any barriers in collaborating with local health authorities to manage a health campaign for health promotion?
3. In which community would you project the development of a public health campaign, and what reasons make that scenario compelling for you?
4. Within the framework of the institutional social responsibility of higher education entities, do you plan to design public health campaigns?
5. Do you recognize the profile of the student community in the Bachelor's Degree in Nursing as potential participants in pedagogical designs involving collaborative activities in the short and medium term within the academic period?
6. Have you developed pedagogical proposals, such as a public health campaign, in the context where you perform your teaching role in nursing education?
7. What recommendations would you offer to enhance a pedagogical experience based on a public health campaign?

REFERENCES

1. Szymkowiak A, Melović B, Dabić M, Jeganathan K, Kundi GS. Information technology and Gen Z: The role of teachers, the internet, and technology in the education of young people. Technology in Society 2021;65:101565. https://doi.org/10.1016/j.techsoc.2021.101565.

2. Miranda J, Navarrete C, Noguez J, Molina-Espinosa J-M, Ramírez-Montoya M-S, Navarro-Tuch SA, et al. The core components of education 4.0 in higher education: Three case studies in engineering education. Computers & Electrical Engineering 2021;93:107278. https://doi.org/10.1016/j.compeleceng.2021.107278.

3. Castro MDB, Tumibay GM. A literature review: efficacy of online learning courses for higher education institution using meta-analysis. Educ Inf Technol 2021;26:1367–85. https://doi.org/10.1007/s10639-019-10027-z.

4. López-Meneses E, Cobos Sanchiz D, Martín Padilla AH, Molina-García L, Jaén Martínez A. Experiencias pedagógicas e innovación educativa. Aportaciones desde la praxis docente e investigadora. Sevilla: Octaedro; 2018.

5. Reyes AAA, Azahuanche MÁP. Relación entre acompañamiento pedagógico y práctica reflexiva. Espacios En Blanco Serie Indagaciones 2020;30:1–10.

6. Leal AZ. Buenas prácticas pedagógicas y proyectos pedagógicos productivos : una experiencia en las instituciones educativas oficiales rurales del departamento del Valle del Cauca (Colombia). Latinoamericana de Estudios Educativos 2019;15:11–30. https://doi.org/10.17151/rlee.2019.15.2.2.

7. Lepez CO, Eiguchi K. Managerial vision of the professional competencies of nursing graduates and their relationship with job placement. Data and Metadata 2022;1:28–28. https://doi.org/10.56294/dm202266.

8. Lepez CO, Simeoni IA. State of the art and theoretical framework regarding student research in the regional and local context, with emphasis on health sciences and nursing students. Salud, Ciencia y Tecnología 2023;3:562–562. https://doi.org/10.56294/saludcyt2023562.

9. Halstead S. Recent advances in understanding dengue. F1000Res 2019;8:F1000 Faculty Rev-1279. https://doi.org/10.12688/f1000research.19197.1.

10. Malik HAM, Abid F, Mahmood N, Wahiddin MR, Malik A. Nature of Complex Network of Dengue Epidemic as a Scale-Free Network. Healthc Inform Res 2019;25:182–92. https://doi.org/10.4258/hir.2019.25.3.182.

11. Guarner J, Hale GL. Four human diseases with significant public health impact caused by mosquito-borne flaviviruses: West Nile, Zika, dengue and yellow fever. Seminars in Diagnostic Pathology 2019;36:170–6. https://doi.org/10.1053/j.semdp.2019.04.009.

12. Bracho-Pérez KJ. Modelo holístico de gestión pedagógica para la formación integral en la Universidad de Pamplona: análisis de una experiencia. Praxis 2018;14:205–14. https://doi.org/10.21676/23897856.2672.

13. Lepez CO. Experiencias pedagógicas en la producción de póster científicos en la carrera de Licenciatura en Enfermería. Revista de Ciencias Médicas de Pinar del Río 2020;24:4637.

14. del Cisne Chamba-Maza C, Altamirano Benítez VP, Yaguache Quichimbo JJ. Gestión de la comunicación 2.0 en las campañas de salud pública en la Comunidad Andina. Revista de Comunicación 2021;20:49–65. https://doi.org/10.26441/rc20.1-2021-a3.

15. Oliveira G, Grenha Teixeira J, Torres A, Morais C. An exploratory study on the emergency remote education experience of higher education students and teachers during the COVID-19 pandemic. British Journal of Educational Technology 2021;52:1357–76. https://doi.org/10.1111/bjet.13112.

16. Marshall DT, Shannon DM, Love SM. How teachers experienced the COVID-19 transition to remote instruction. Phi Delta Kappan 2020;102:46–50. https://doi.org/10.1177/0031721720970702.

17. Camiade CB. La obesidad, un problema de salud pública. Espacios Públicos 2022;15.

18. Espinoza-Portilla E, Mazuelos-Cardoza C. Desinformación sobre temas de salud en las redes sociales. Revista Cubana de Información en Ciencias de la Salud (ACIMED) 2020;31:1–5.

19. Gómez S, Guarín I, Uribe SL, Vergel L. Prevención de los peligros y promoción de entornos saludables en el teletrabajo desde la perspectiva de la salud pública. AiBi Revista de Investigación, Administración e Ingeniería 2020;8:44–52. https://doi.org/10.15649/2346030X.802.

20. Díaz Barriga Á. De la integración curricular a las políticas de innovación en la educación superior mexicana. Perfiles educativos 2020;42:160–79. https://doi.org/10.22201/iisue.24486167e.2020.169.59478.

21. Arbeláez Salazar OL. Enfoque pedagógico institucional y racionalidades desde su implementación. Sophia 2020;16:196–206. https://doi.org/10.18634/sophiaj.16v.2i.968.

22. Organización de las Naciones Unidas para la Educación, la Ciencia y la Cultura. La educación superior en los países en desarrollo: peligros y promesas 1999.

23. Lopez LE, Lepez CO. Rol de la enfermería en la salud intercultural: desafíos en el contexto argentino. Salud, Ciencia y Tecnología 2022;2:66–66. https://doi.org/10.56294/saludcyt202266.

24. Abad Gómez H. ¿Qué es la Salud Pública? Revista Facultad Nacional de Salud Pública 2019;37:4–7. https://doi.org/10.17533/udea.rfnsp.v37n1a02.

25. Hernández YS, Font ML, Ochoa OP. La participación ciudadana en la Salud Pública. Correo Científico Médico 2018;22:719–26.

26. González Gartland G. Comunicación en salud : conceptos y herramientas 2019.

27. Roura SCR, Reyes L de la CC, Yera EC. La comunicación social en salud para la prevención de enfermedades en la comunidad. Humanidades Médicas 2018;18:384–404.

28. Giraldo Marín LM, Atehortúa Correa LF. Communities of practice: a strategy for democratization of knowledge in organizations. Revista Ingenierías Universidad de Medellín 2010;9:141–50.

29. Bicchi F. Communities of practice and what they can do for International Relations. Review of International Studies 2022;48:24–43. https://doi.org/10.1017/S0260210521000528.

30. Dei D-GJ, van der Walt TB. Knowledge management practices in universities: The role of communities of practice. Social Sciences & Humanities Open 2020;2:100025. https://doi.org/10.1016/j.ssaho.2020.100025.

31. Ramesh A, Brown KY, Juarez PD, Tabatabai M, Matthews-Juarez P. Curricular Interventions in Medical Schools: Maximizing Community Engagement Through Communities of Practice. The Annals of Family Medicine 2023;21:S61–7. https://doi.org/10.1370/afm.2925.

32. Lepez CO, Eiguchi K. Labor market insertion, management and training by competencies: a current view in the Argentine context. Data and Metadata 2022;1:29–29. https://doi.org/10.56294/dm202267.

33. Figueira-Teuly J, Canova-Barrios C, Lepez CO. La integración curricular en enfermería. Reseña del Conversatorio alusivo al Día de la Enfermería Argentina 2022. Salud, Ciencia y Tecnología 2022;2:166–166. https://doi.org/10.56294/saludcyt2022166.

34. Antunes H de JG, Pinheiro PG. Linking knowledge management, organizational learning and memory. Journal of Innovation & Knowledge 2020;5:140–9. https://doi.org/10.1016/j.jik.2019.04.002.

35. Afsar B, Umrani WA. Transformational leadership and innovative work behavior: The role of motivation to learn, task complexity and innovation climate. European Journal of Innovation Management 2019;23:402–28. https://doi.org/10.1108/EJIM-12-2018-0257.

36. Bauböck R. A Multilevel Theory of Democratic Secession. Ethnopolitics 2019;18:227–46. https://doi.org/10.1080/17449057.2019.1585088.

37. Gagnon J-P, Fleuss D. The case for extending measures of democracy in the world "Beneath", "Above", and "Outside" the national level. Political Geography 2020;83:102276. https://doi.org/10.1016/j.polgeo.2020.102276.

38. Palonen E. Democracy vs. demography: Rethinking politics and the people as debate. Thesis Eleven 2021;164:88–103. https://doi.org/10.1177/0725513620983686.

39. Fernández G. Introducción a la responsabilidad civil: Lecciones universitarias. Fondo Editorial de la PUCP; 2020.

40. Soto P, Masalan P, Barrios S. La educación en salud, un elemento central del cuidado de enfermería. Revista Médica Clínica Las Condes 2018;29:288–300. https://doi.org/10.1016/j.rmclc.2018.05.001.

41. Canova-Barrios CJ, Lepez CO, Manzitto G, Ortigoza A. La investigación y la publicación científica en enfermería en Argentina. Data and Metadata 2022;1:27–27. https://doi.org/10.56294/dm202235.

42. Lepez CO, Simeoni IA. Programa de tutorías de pares y seguimiento académico de estudiantes de la carrera de Licenciatura de Enfermería de la Universidad. Salud, Ciencia y Tecnología 2023;3:541–541. https://doi.org/10.56294/saludcyt2023541.

43. Winstone N, Carless D. Designing Effective Feedback Processes in Higher Education: A Learning-Focused Approach. Routledge; 2019.

44. Maqsood A, Abbas J, Rehman G, Mubeen R. The paradigm shift for educational system continuance in the advent of COVID-19 pandemic: Mental health challenges and reflections. Current Research in Behavioral Sciences 2021;2:100011. https://doi.org/10.1016/j.crbeha.2020.100011.

45. Eichbaum QG, Adams LV, Evert J, Ho M-J, Semali IA, van Schalkwyk SC. Decolonizing Global Health Education: Rethinking Institutional Partnerships and Approaches. Academic Medicine 2021;96:329. https://doi.org/10.1097/ACM.0000000000003473.

FINANCING

The authors did not receive funding for the development of this research.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

AUTHORSHIP CONTRIBUTION

Conceptualization: Carlos Oscar Lepez.
Research: Carlos Oscar Lepez, Irene Amelia Simeoni.
Methodology: Carlos Oscar Lepez.
Writing - original draft: Carlos Oscar Lepez.
Writing - revision and editing: Carlos Oscar Lepez, Irene Amelia Simeoni.

https://doi.org/10.56294/cid202374