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TRAINING IN ADULT EDUCATION TECHNIQUES WITH HEALTH PERSONNEL IN LATIN AMERICA: A COMPETENCE-BASED MODEL

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Abstract: In 2010, Global Bridges and the Inter-American Heart Foundation partnered with the goal of creating and mobilizing a network of health professionals and organizations in Latin America to promote effective tobacco treatment and tobacco control policies. To this end, they developed the “Capacity Building for Training in Smoking Cessation in Latin America” program based on the initiative of the World Health Organization: Strengthening of health systems for the treatment of tobacco dependence in primary care, Part IV: Training of future coaches. The purpose of the program was to prepare primary care agents in knowledge and techniques of adult education and provide them with tools for the treatment of tobacco dependence. A research with a qualitative approach was carried out to identify the competencies, experiences and pedagogical practices of the post-training trained instructors. The research results show that the health agents developed their competencies, principles of adult education and skills for the preparation of training workshops in the treatment of tobacco dependence.

Keywords: Competency-Based Education, health personnel, teaching.

INTRODUCTION

Global Bridges is a Non-Governmental Organization (NGO) created to promote smoking cessation in the world in accordance with the regulations of Art 14 of the Framework Convention for Tobacco Control (FCTC). Among the central axes of the NGO is the training of health agents. Between 2010 and 2016, Global Bridges in alliance with the Inter-American Heart Foundation (FIC) carried out a training program in Latin America with health agents from the region. The program focused on developing knowledge and skills in health agents to provide help to their patients to quit smoking. Global Bridges and

the Inter-American Heart Foundation have trained more than 1,968 health agents on the importance, tools, and techniques to quit smoking.

In 2014, in order to maximize the impact, the project's objectives were refocused on building the capacity of health organizations in Latin America and amplifying training opportunities to quit smoking in the smoking population. Therefore, the program “Building Capacity for Training in Smoking Cessation in Latin America” was developed based on the program of the World Health Organization (WHO) Strengthening of health systems for the treatment of tobacco dependence in primary care; taking as reference Part IV: Training future trainers: implementing adult education techniques in training (World Health Organization [WHO], 2013).

The objectives of the program were: a) to provide training for health professionals in the treatment of tobacco dependence; b) expand the network of trained health professionals; c) develop a competent team of instructors, and d) promote the commitment of the institution and associated organizations to the treatment of tobacco addiction, in accordance with article 14 of the guidelines of the WHO Framework Convention in each nation.

METHODOLOGY

The training program was designed under a competency-based pedagogical model made up of five topics: 1) The principles of adult education; 2) Learning styles and teaching methods for adults; 3) Skills and characteristics of efficient coaches; 4) Preparation to give a training and, 5) Efficiently give training to adults. This program was presented in a four-phase format: preparation, presentation, practice, and evaluation (WHO, 2013).

The program was developed in two sessions. Day 1: Training for future instructors. In this session, health professionals were

trained in developing a selection strategy with candidates to act as coaches. The requirements were that the professionals had previous knowledge in the treatment of tobacco dependence and presentation skills. Day 2: Training for the treatment of tobacco dependence. In this session, a program was developed for health professionals summoned by the institution in the treatment of tobacco dependence. Candidates for instructors trained on day 1 acted as learning instructors, they were evaluated using specific criteria and performances that guided their training such as didactic sequences and competency assessment (Tobón, et al., 2010).

After this process, an investigation was carried out under a qualitative approach in order to analyze the experiences and practices around the practice of post-training instructors (Taylor and Bogdan 1987). Likewise, the phenomenological design was used to obtain descriptions of the pedagogical experiences and practices of the daily world of the instructors and convert them into sources of qualitative evidence for their analysis, understanding, reflection and interpretation (Rodríguez, Gil and García, 1996).

A convenience sample of five instructors who took the training from the countries of Mexico, Uruguay, Bolivia and Argentina was chosen. In the sampling, the cases available for the study were selected and their participation was allowed to be totally voluntary (Hernández et al., 2010). The semi-structured interview was used because it is a technique to obtain information from the participants in a more accurate and complete way (Giroux and Tremblay, 2008). The instrument was made up of a guide of 10 open questions with a sequence of topics.

For the design of the interview, three important aspects were taken into account. The practical aspect, which captured and motivated the attention of the participants

so that they became interested in the topic of study. The ethical aspect was covered by the informed consent letter that ensured the confidentiality of the information provided. In addition, the theoretical aspect, which had as objective that the guide contained all the necessary information to understand the subject of study (Hernández et al., 2010). Due to the geographical distance and location of the study participants, the WebEx virtual platform was used for the application of the interviews.

Once the information was collected, all the collected material was reviewed to ensure that it was complete and presented the necessary quality for its analysis. The interviews were transcribed and later the data was organized according to the information obtained. Annotations regarding ideas, concepts, and meanings were made to identify units of analysis, categorize them, and assign codes to these categories in a codebook. Table 1 presents a list of categories and subcategories together with their definition. Data analysis was performed using the MAXQDA version 2020 software, which is used for qualitative data analysis. The software facilitated the process of data reduction and retrieval necessary for the analysis of the textual data.

(Interv04, 38).

In relation to the pedagogical competences acquired, the interviewees acknowledged having acquired pedagogical competences once the training was completed. These competencies were related to the thematic contents addressed in the training: principles of adult education, preparation of training workshops and effective ways of delivering training. According to Chísica (2019), the competency-based model is one of the most used in the health area, which integrates the pillars of knowing how to be, knowing and doing. Likewise, some interviewees indicated that they expanded their knowledge on the subject of smoking related to their professional field.

“I developed skills to function better, to be able to manage conversations and to be able to capture the attention of the public, to be able to do training that is enjoyable to engage them and make it more interesting, to involve them in the conversation that I am conducting the training and to make them more and more interested in what that is being presented” (Interview02, 8).

“The experience in smoking cessation, well actually it was, the course we have received with you has been the most beneficial, right? it is what has allowed us to approach patients mainly in the psychological area, mainly patients with this difficulty” (Entrev04, 8).

In the category related to pedagogical methods to train adults, the interviewees indicated that they used different participatory methods to guide and develop their educational practice. Among the methods mentioned are: the conference, role playing, group dynamics, exchange of ideas, questioning, concentration exercises, case studies, teamwork, etc. For those interviewed, working with adults has become a challenge for their educational practice. According to their perception, it is difficult to convince adults that they need to learn, of the importance of modifying their practices,

Categories	Subcategories	Definition
Category 1 The training	Perception	Perception that the instructor has about the training received.
Category 2 Acquired skills	After training	Description of your competencies in terms of knowledge, skills and attitudes developed once you have accredited the training.
	During your practice	Analysis of your practice in training courses and/or post-training training.
Category 3 Pedagogical methods to train adults	Pedagogical methods used	Identification of the pedagogical methods used by the trainer during training courses and/or training in accordance with the training received.
	Limitations to implement them	Limitations identified to implement pedagogical methods.
Category 4 four step lesson plan	Application	Identification of the four-step plan in organizing your teaching activities.
Category 5 Training Need	Future training	Training needs to follow up the certification process.

Table 1. Book of categories and subcategories with definitions

RESULTS

The results were organized into five categories: perception of training, skills acquired, pedagogical methods to train adults, four-phase lesson plan, and training needs. Regarding the perception of training category, all the interviewees expressed a perception of liking with respect to the training program received.

“I congratulate Global Bridges for the excellent training we have received in Santa Cruz, I consider that it is something that has not only benefited the individuals they have attended but also their institutions” (Interv01, 06).

“They have given a masterful presentation in the course, I loved it... there were good objectives, good motivational objectives and well, I think that’s all that has impacted me”

of motivating them and capturing their attention; that is, they require appropriating much more dynamic relationships with their learning (Rumbo, 2016).

“I have used the slide presentation methods, I have used group dynamics, the dynamics to make it more interesting could be said and achieve the interaction of all the participants, greater interaction between the participants I have also used some relaxation exercises, concentration that also that they have been able to share with us” (Interview02, 18).

“It is good to work with a group of older people, especially from the health sector, it is very complicated because they are very defensive and sometimes it is difficult for them to listen to what one is saying or it is difficult for them to believe what one is trying to express...they are not willing or not they receive with great acceptance the dynamic that is to be carried out” (Interview05, 24).

In the same way, the four-step plan was investigated as a way of organizing teaching activities and practicing the acquired skills. All of the participants defined it as a form of planning to make learning more meaningful by matching the purpose for which it was developed by the training program, developing confidence and being able to provide training in strengthening health systems for the treatment of tobacco dependence in primary care centers (WHO, 2013). Some participants mentioned the importance of reinforcing the methodology in order to assimilate and execute it properly in their practice scenarios.

“It is a simple and very useful methodology, but usually one is used to transmitting knowledge in a certain way and it has been done that way for a long time and when you do it in real life again, you kind of have to make it aware, I think it's It is important to find some way to keep this knowledge fresh even though it is something simple and very useful, I insist that we have to reinforce it” (Interv05, 07).

Finally, regarding the category of training

needs, all the interviewees recognized the need to be better pedagogically prepared to more effectively attend to tobacco addiction treatment. The proper management of teaching strategies and group dynamics was considered an area of opportunity to continue learning, promote motivation, integration and adult learning.

“We need a little more reinforcement with other techniques to be able to hook the participants” (Interv02, 34).

“I want to continue learning...sometimes I have a hard time motivating them to take a course to take a training I would like to learn how to manage them so they get interested” (Interv05, 13).

CONCLUSIONS

The participants in this study recognized that the training was to their liking and useful for improving educational practices in their professional field, since all the participants develop teaching and/or training activities working in different institutions as teachers, coordinators, moderators, lecturers, etc., in the treatment of tobacco dependence.

The competency-based training program is a benchmark for the design of health training programs, therefore, institutions dedicated to health promotion are responsible for adopting models under this approach in order to respond to health needs in specific contexts. (Ángel et al., 2017; Chísica, 2019).

On the other hand, the participants acknowledged having acquired pedagogical skills related to the thematic contents addressed during the training. In addition, they mentioned using different participatory methods in their educational practice taking into account different learning styles. Among the pedagogical methods mentioned are: the conference, role playing, group dynamics, exchange of ideas, questioning, concentration exercises, case studies, teamwork, etc.

Although the interviewees indicated that they used different pedagogical methods, they acknowledge that working with adults becomes a challenge for their educational practice. According to their perception, when adults assume the role of students it is difficult to convince them that they need to learn, of the importance of modifying their practices, of motivating them and attracting their attention, possibly due to insecurities about their learning abilities or fear of an evaluation on the expectations that one has of them (Learreta, et al., 2012; Rumbo, 2016).

One of the essential elements of the training was the four-step plan of the WHO initiative. This methodology determines the planning, preparation, practice and evaluation carried out by the coaches in the field of their educational practice specifically in the area of health. The participants pointed out the importance of reinforcing the planning of the four steps in order to assimilate and execute it adequately in their practice scenarios. To think about what can be done from what must be done is not easy, it constitutes a competence that the teacher gradually acquires with experience (Ángel et al., 2017). A methodology is not learned from one day to the next, it takes time and continuous rehearsal.

The application of teaching strategies and group dynamics was pointed out as a challenge to continue training and thus promote motivation, integration and the achievement of the objectives proposed in adult learning (Torres, 2020). The results show that, in order to raise the quality of the teaching-learning processes, it is necessary to strengthen the pedagogical training of health professionals, which must be framed in a competency-based pedagogical model that takes up the principles of knowing how to be, knowing and doing (Chísica, 2019). Finally, the participants in the study expressed their desire to continue

updating themselves on pedagogical issues to face the difficulties they experience on a daily basis in their teaching practice.

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