



Tree of Life in Community Nursing Practices: Curriculum Analysis of Five Universities*

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Abstract

Objective: To interpret community academic practices based on the analysis of the curricula of nursing programs from five universities located in the Eje Cafetero (Coffee Region), Colombia 2021-2022. **Method:** Qualitative hermeneutic study with a documentary review of curricular elements in nursing programs related to community practices. The document analysis was conducted using a spiral process of preconceived interpretation. The curricular components were examined to gain insight and depict them within the metaphorical framework of the tree of life. **Results:** From the analysis, an emerging pattern is identified, represented through the metaphor of the tree of life: “the being” (the roots), where the student’s lived experience is essential for comprehensive learning for self and others’ care; “the knowledge” (the trunk), where research and knowledge connect with “the reflective practice” (the branches), which emerge in the context of care in various settings through collaborative and socio-political work. **Conclusions:** Community academic practices are developed by considering three key components: “the being” with ethical commitment and critical thinking, “the knowledge” through sociopolitical knowledge and human social development, and “reflective practice,” a result of the skills acquired by students.

Keywords

Community health nursing, curriculum, nursing graduate programs, primary health care, public health. (*Source: DeCS, BIREME*)

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Árbol de la vida en las prácticas comunitarias de enfermería: análisis curricular de cinco universidades

Resumen

Objetivo: interpretar las prácticas académicas comunitarias, a partir del análisis de los currículos de los programas de enfermería de cinco universidades ubicadas en el Eje Cafetero, Colombia 2021-2022. **Método:** estudio cualitativo de corte hermenéutico con revisión documental de elementos curriculares de programas de enfermería relacionados con las prácticas comunitarias. El análisis de los documentos se realizó a través de un proceso en espiral de interpretación anticipada. Se revisaron los aspectos curriculares para entenderlos y representarlos en la metáfora del árbol de la vida. **Resultados:** a partir del análisis, se encuentra un patrón emergente representado desde la metáfora del árbol de la vida: *el ser* (las raíces), donde es necesaria la experiencia vivida por parte del estudiante a través del aprendizaje integral para el cuidado propio y de los otros; *el saber* (el tronco), donde lo investigativo y el conocimiento conectan el ser de *la práctica reflexionada* (las ramas), que surgen en función del cuidado en distintos entornos a partir del trabajo colaborativo y sociopolítico. **Conclusiones:** las prácticas académicas comunitarias se desarrollan teniendo en cuenta tres componentes principales: el *ser* con el compromiso ético y el pensamiento crítico, el *saber* mediante el conocimiento sociopolítico y el desarrollo social humano y la *práctica reflexionada*, producto de las habilidades que van adquiriendo los estudiantes.

Palabras clave

Enfermería en salud comunitaria, currículum, programas de graduación en enfermería, atención primaria de salud, salud pública. (Fuente: DeCS, BIREME)

Árvore da Vida nas Práticas Comunitárias de Enfermagem: Análise Curricular de Cinco Universidades

Resumo

Objetivo: Este estudo tem como objetivo interpretar as práticas acadêmicas comunitárias com base na análise dos currículos dos programas de enfermagem. **Método:** Realizou-se um estudo hermenéutico qualitativo com revisão documental dos elementos curriculares dos programas de enfermagem relacionados com as práticas comunitárias em cinco universidades da região do Eje Cafetero, Colômbia, durante os anos 2021-2022. A análise dos documentos foi conduzida por meio de um processo iterativo de interpretação antecipada. Os aspectos curriculares foram minuciosamente examinados para serem representados na metáfora da “Árvore da Vida”. **Resultados:** A análise revelou um padrão emergente representado pela metáfora da “Árvore da Vida”, que compreende o ser (as raízes), onde a experiência vivenciada pelo estudante é essencial para uma aprendizagem abrangente visando o autocuidado e o cuidado de outrem; o conhecimento (o tronco), onde a pesquisa e a reflexão conectam o ser à prática; e a prática reflexiva (os ramos), que se manifesta na forma de cuidados em diversos contextos de trabalho colaborativo e sócio-político. **Conclusões:** As práticas acadêmicas comunitárias são desenvolvidas considerando três componentes principais: o ser, com um compromisso ético e pensamento crítico; o conhecimento, por meio do entendimento sociopolítico e do desenvolvimento social humano; e a prática reflexiva, resultado das competências adquiridas pelos alunos.

Palavras chave

Enfermagem de saúde comunitária, currículo, programas de pós-graduação em enfermagem, cuidados de saúde primários, saúde pública. (Fonte: DeCS, BIREME)

Introduction

The education of nursing professionals requires a comprehensive examination of the community practice element. In this regard, curricular analysis becomes pertinent. Its aim is to contribute to the enhancement of human resource development, which is a crucial element in ensuring the right to health. This right extends across various domains where the social, economic, ethical, and political life of individuals, families, and communities unfolds.

Community nursing, within the framework of public health, relies on a foundation of robust and up-to-date knowledge (1). Its role is to accompany individuals, both individually and collectively, throughout their life journey and in their everyday experiences (2). In line with the above, organizations such as the International Council of Nursing (ICN) recommend the integration of both a theoretical component and an academic practice component in nursing education programs. This recommendation applies to both undergraduate and graduate levels and includes community-based experiences.

This entails the adoption of novel and relevant methods for educating future nursing professionals. Thus, it is essential to further develop competencies, objectives, and/or learning outcomes related to knowledge. This should include a strong foundation in scientific and ethical knowledge that acknowledges the significance of social factors, health determinants, respect for individuals' rights, and the socio-political and cultural conditions of the regions.

As a result, the academic impact of “doing”, specifically in professional practices, will manifest in the enhancement and maintenance of health, the advancement of health education, and the prevention, treatment, and rehabilitation

of diseases. It also underscores the significance of prioritizing the development of specific, context-based actions that consider cultural, generational, ethnic, political, and social differences in a holistic approach towards ‘the good life,’ in collaboration with other disciplines and sectors (3, 4).

At this point, it is crucial to provide two pivotal constructs that form the conceptual foundation of this study. On one hand, there is ‘the practice of professional work’ (praxis), and on the other hand, the significance of studying ‘the community’ based on various sciences contributing to its comprehension, including social and human sciences.

The term ‘praxis’ originates from the Greek word ‘prasso,’ which translates to ‘to do.’ It conveys the notions of action, realization, and, more precisely, practical activity (5). For this reason, Marx (6) asserted that theoretical activity is subordinate to and dependent on the practical, material, and social conditions of reality and life within society.

On the other hand, the concept of community (7), specifically ‘*communitas*,’ derived from the Latin ‘*munus*,’ signifies the fulfillment of a duty or obligation. Likewise, it is linked to the Latin ‘*communis*,’ which relates to a human group that defines an obligation to others. Therefore, apart from the collective aspect, it is approached from the perspective of the relationship with something external to individuals. Therefore, ‘*communitas*’ refers, in a general sense and according to García (8), to ‘the group of individuals to whom it binds, not by ownership, but by a duty or an obligation.’ Specifically, it pertains to the concept of a way of coexisting based on duty, envisioned as the occurrence of what transpires. The community is not, then, a substance, nor a subject, it is presence, it is an event. It is what it means to be in common, which necessarily involves the other in communication (9).

According to research on ‘community practices’ in nursing, a comprehensive curricular analysis is necessary to foster the development of community care in students and university instructors (10). This analysis should encompass the promotion of a holistic, politically, and ethically sound practice (11, 12, 13). In this regard, the curriculum has evolved in its significance due to the transformations occurring in global educational institutions. It is worth noting that its interpretation is contingent upon the underlying conception, theory, and model supporting it, as well as the pedagogical approach and its connection with the social, political, and economic context within which educational systems operate (13).

Typically, the curriculum is linked to an administrative, technical, and pedagogical document that structures topics, content, and subjects, often lacking in-depth consideration of implications and critical analysis (14). This analysis aims to move beyond perspectives centered on functionalism and is characterized by attributes of an education serving ‘pragmatic imperatives’ and various reductionist approaches grounded in optimistic and idealized recommendations about what can be achieved in training (15).

This is precisely why nursing is intricately woven into the ongoing discourse, as this discipline demands distinct consideration within the realm of university institutions. Therefore, this article conducted a hermeneutic study involving a documentary review at five participating universities. This review delved into the curricular aspects, encompassing elements of the institutional educational project, along with philosophical, epistemological, pedagogical, didactic, and methodological foundations related to nursing as a profession. Furthermore, it is proposed to analyze the

courses that, within their community practices component, exhibit specific characteristics related to the profession.

Nursing professionals and students engage in their praxis with individuals, families, and communities (16). Nevertheless, literature pertaining to community nursing research predominantly highlights home visits (16, 17), disease prevention examinations (18), and individual education (19). This results in a diminished focus on the community aspect (20).

Recent research indicates that advancements in curriculum innovation and research within community nursing have been limited (21-23). The preceding information culminates in the overarching aim of this article, which centers on the endeavor to interpret community academic practices through the analysis of the curricula of nursing programs at five universities situated in the Eje Cafetero (Coffee Region), Colombia, for the years 2021-2022.

Materials and methods

In accordance with the methodological aspect, a qualitative hermeneutic study was conducted (24-26) with the aim of comprehending the texts, not only in their intrinsic aspects but also within the historical and cultural context in which they originated (25). This study was conducted through a documentary review exercise, utilizing content analysis of secondary sources (27). The units of analysis were centered on the curricular documents pertaining to the subjects within the nursing program that are dedicated to community practice. These documents encompassed subject plans, class schedules, evaluation forms, rubrics, guides, and associated forms. Five universities in the “Eje Cafetero” region participated, including two public institutions and three private ones, during the years 2021 and 2022.

To acquire the information, the research project was introduced to the directors of the nursing programs and the instructors responsible for community practices. They subsequently furnished the aforementioned documentation. The acquired documents underwent an information organization and synthesis process at each university. This was accomplished through the construction and utilization of conceptual matrices to attain the outcomes.

The analysis of the information was grounded in the hermeneutic perspective proposed by Gadamer, as cited by Pérez et al. This perspective involves the iterative movement between the particulars and the entirety, a process manifested through the interplay between the researchers' preconceived notions and the concepts explicitly expressed in the examined texts (28). The content analysis of the institutional documents was conducted through various methodological stages, all interconnected within a spiral process of proactive interpretation of the explicit content. This was accomplished through thorough and meticulous examination, involving repeated readings of all text components, facilitating the process of comprehension.

During the initial phase, the documents underwent examination and categorization, with the contents organized into matrices. The above considerations encompass the name and presentation of the academic activity, objectives, and competencies. Credit allocation, learning outcomes, the semester of practice, and time commitment are also part of the analysis. Additionally, foundational theories of community care, knowledge units categorized into themes and sub-themes, methodology, evaluation systems, teaching profile, recommended bibliography, and formats used in the learning process are scrutinized.

In the second moment, the information was divided by each university, and descriptive analytical cards were created to document the results. In the third moment, the most significant themes from each university were amalgamated, and subsequently, a fourth phase introduced graphical representations. This process was sustained until a visual representation was achieved that accurately conveyed the comprehension of the texts regarding community practices. This visual product was then presented to each university and served as input for the creation of a didactic booklet.

In the fifth moment, the aforementioned graphs underwent analysis. This process enabled the creation of new illustrations, diagrams, maps, and concise visual components, ultimately facilitating the interpretation (29). Subsequently, this interpretation led to a deeper understanding of the texts (30). In this way, the results were captured through the metaphor of "The Tree of Life".

On the other hand, the data obtained from the macro project was coded using the ATLAS.ti version 8.4 software, which is licensed by the Universidad de Caldas. With the assistance of this tool, the collected data were organized through the use of matrices and the categorization of groups and subgroups. This process involved continuous comparisons (29). Throughout the research process, the criteria for rigor in qualitative research were diligently considered (31).

This study received approval from the Bioethics Committee of the Faculty of Health Sciences and was financially supported by the Vice-Rectorate of Research and Graduate Studies at the Universidad de Caldas, as documented in Act No. 018 of 2020 Resolution 008430/1993 was considered, and in alignment with this resolution, the

research is classified as “non-risk” (32). It also adheres to the provisions of the Code of Ethics governing the nursing profession (16). Lastly, it’s important to highlight that the approval of the universities and the informed consent of the institutions were secured.

Results

The curricular analysis is aligned with the competencies, objectives, and/or learning outcomes proposed in a distinctive manner by each university in the Coffee Region with

which the collaboration was established. Thus, in this section, called: In “The Tree of Life for the Community Practices of Nursing Programs,” the emerging pattern is depicted as a metaphor, highlighting three concurrent tendencies. These tendencies are dimensioned with attributes that provide support: The roots of the tree of life, centered on the being, enable a comprehensive engagement with the self, others, and the environment. The trunk represents knowledge and embodies scientific substantiation. The branches symbolize the reflected practice, offering a holistic approach to individuals in relation to their contexts.

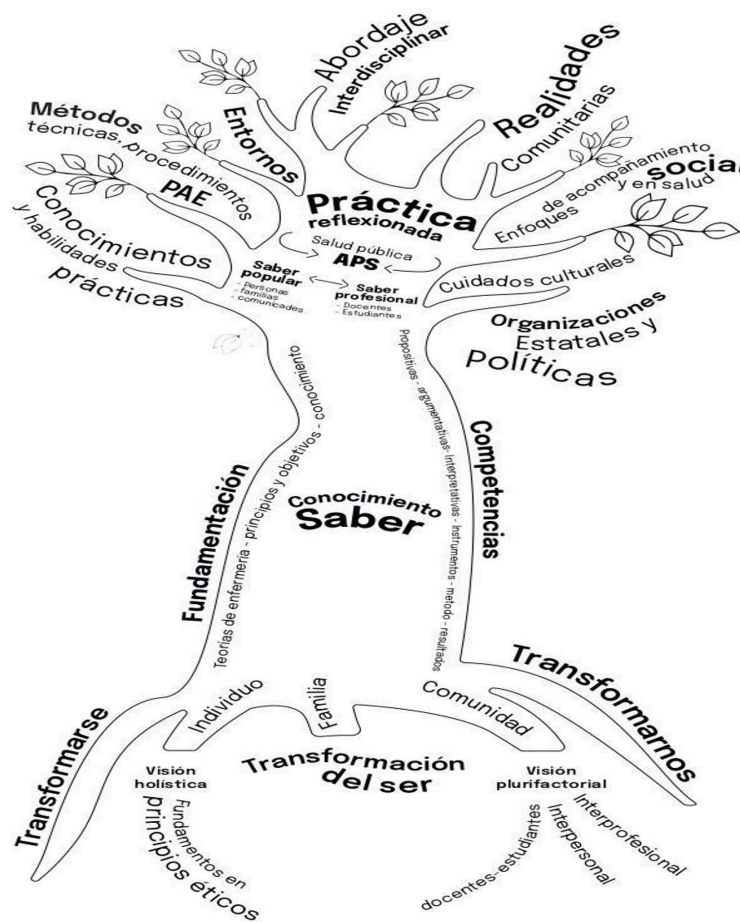


Figure 1. The tree of life for community practices.

Source: Authors' Elaboration

Characterization of Curricula Related to Community Practices.

The content related to community practices in the nursing programs of the participating universities is explicitly situated within the curriculum between the second and fourth semesters. Nevertheless, there is disparity among universities regarding the number of credits allocated to these subjects, ranging from three, four, seven, to ten credits. Furthermore, the content taught varies from attitudinal to conceptual and procedural.

Likewise, universities show competencies, objectives and other learning outcomes in their curricular documents. The common central nodes revolve around 1) Planning, implementation, verification, and control of programs, plans, and projects, all within the framework of primary health care. These activities are grounded in the social determinants of health and are guided by ethical, deontological, and normative principles of the nursing profession. 2) The categorization of the subjects of care, including families and communities, into priority groups. This categorization considers factors such as the life course, exposure factors, and assessment tools. 3) The development of care proposals that align with ethical principles, incorporate selected theoretical elements, comply with current regulations, and are based on participatory local diagnoses. 4) Engaging in the planning, implementation, verification, and control of programs, plans, and projects within the realm of primary health care. This involvement is rooted in the social determinants of health and adheres to ethical, deontological, and normative principles of the nursing profession.

In terms of the methodological approach, the proposed methods encompass the analysis of nursing scenarios, simulated laboratory

activities, interaction within virtual classrooms, thematic reviews, and fieldwork. In the evaluative factor, the approach is based on traditional educational tools.

The Roots of the Tree, The Transforming Power of *Being* for Oneself and Others in Community Practices.

The roots of the Tree of Life (refer to Figure 1) consist of a transformative process. The “being” alters the life-giving sap, which, when in circulation, fosters comprehensive and multi-faceted care. This process has the capability to recognize each individual as unique, while maintaining a connection with families and communities.

Conversely, the emergence of the transformation of the human being, or self-transformation, is intricately linked to the experiences encountered during the intervention process. The individual undergoes self-transformation, evolving, and gaining self-awareness. This process enables them to become an individual with the agency to drive their own change for the purpose of caring for others. Hence, the process is oriented towards enabling the student to engage in community practice, approaching it with a sense of responsibility towards others as unique and distinct individuals. This approach fosters progress in caregiving actions. One of the curricula emphasizes the necessity for “*The interrelation of the individual with the outside world, grounded in the recognition of others and their environment*” (UnivD.2023).

In this process of interaction between teachers and students, the notion of shaping comprehensive and autonomous learning is intertwined. Furthermore, in one of the subjects, the community component is exemplified as follows: “*It is constructed through the learner’s freedom and interest, within a horizontal structure where both*

parties share perspectives, experiences, and knowledge to facilitate mutual transformation” (UnivC.2023).

When it comes to the “being,” it is noteworthy that multiple curricula align with elements concerning the values of the nursing profession in the context of family and community care. In this regard, it is essential that the lived experience permeates and motivates the “being” for the collaboration with others. Therefore, it is suggested, with philosophical underpinning, that the teaching-learning process should be rooted in moral principles and ethical values. This approach aims to foster respect and recognition of diversity, multiculturalism, and the environment. The ultimate goal is to encourage a community practice that is critical, analytical, and reflective, aligning with the dynamics of an ever-changing, chaotic, and complex world.

The Stem of the Tree, *The Knowledge of The Community Practices of Nursing Programs.*

In the stem, *knowledge* emerges as a fundamental element in the argumentative and logical reasoning underpinning community practices in nursing programs. This tendency becomes evident as knowledge that is acquired, generated, and evolved. In this manner, knowledge is ascribed functions akin to those of the trunk of a tree, which it sustains. In other words, akin to the trunk, knowledge brings together and links the theoretical, reflective, investigative, analytical, and practical elements. Hence, the subsequent section demonstrates that: *“The subject possesses the theoretical and legal foundation to engage in activities within the field of public health” (UnivD.2023).*

Therefore, the results unveil diverse pathways and stages through which students acquire

knowledge. Nevertheless, in the curricula, there is a degree of convergence concerning the utilization of deductive and inductive methodologies. The former, deductive methodologies, gain greater prominence in the early phases of the micro-curricula under investigation. During these stages, students assimilate information and can discern knowledge through conceptual and theoretical advancements across various disciplines, including nursing. Subsequently, nursing students have the opportunity to acquire, reflect upon, and even generate knowledge through the means of induction. This process is contingent on the subject matter and the particular circumstances experienced in the realm of community practice.

Similarly, the scrutinized curricula make reference to theorists such as Nola Pender, Martha Roger, Jill White, Kristen Swanson, Katherine Kolcaba, Merle H. Mishel, Hildegard Peplau, Madeleine Leininger, Virginia Henderson, Cornelia M. Ruland, Shirley M. Moure, Callista Roy, Betty Newman, Jean Watson, and Dorothea Orem. These theorists serve as the foundation that elucidates and comprehends nursing practices. They are invaluable tools that endow students with the capacity to structure, analyze, and interpret data and occurrences within their work. Simultaneously, these theories support and streamline decision-making and the execution of actions. Furthermore, their application during training fosters the effective organization and administration of care practice.

This way, knowledge materializes in the practice of care through educational processes that exhibit distinct epistemological approaches, constituting the historical essence of nursing labor. This opens up the opportunity to infuse knowledge with dynamism, necessitating the utilization of methodological tools that enable

the achievement of the established goals and the realization of the objectives delineated in the study plans. Consequently, knowledge, regarded as the trunk or foundation of community nursing practice, commences to intertwine with the branches of the tree. This interweaving leads to assessable actions within the purview of the learning objectives, enabling the demonstration of problem-solving skills within their disciplinary capacity.

The Reflective Practice of Community Nursing Programs.

This represents the productive trajectory of the process, akin to the foliage of the tree, linked to the act of caring. It epitomizes a reflective nursing practice that extends across all realms, encompassing individual, social, and institutional contexts. This is rooted in the preservation of protective factors or the alteration of risk factors (stressors, problems, needs) that encompass individuals, families, and communities within the milieu of everyday existence. Here, lifestyles are reshaped in consideration of social determinants and their surroundings. Hence, in one of the curricula, it is stated: *“Students cultivate competencies geared toward implementing actions guided by social determinants, in alignment with the ethical, deontological, and regulatory tenets of the profession”* (UnivA). 2023

Consequently, the educational process delineated in the curricula begets reflective practice. In this process, the knowledge cultivated in the field, intimately linked with the community, is transmuted into competencies that facilitate more significant positive influences and favorable perceptions concerning social collectives.

Differences exist among universities regarding the topics covered; nevertheless, on a broader scale, they concur on the significance of

establishing connections with the family, school, neighborhood, and institutional context of the communities. This connection serves as a catalyst for nursing actions grounded in their care proposals. Hence, these programs are anticipated to incorporate within their curricula various methods, methodologies, procedures, instruments, and dedicated didactic units. These encompass aspects of primary care, health education and promotion, disease prevention, disease treatment and control, rehabilitation, and palliative care.

The practices underscore the significance attributed to collaborative efforts and the cultivation of alliances. This is particularly evident in the context of family assessments and participatory local diagnoses. Such emphasis underscores the imperative to comprehend society, the intersectoral dynamics, and interdisciplinary/transdisciplinary social engagement in discerning social phenomena. This approach enables the accompaniment of communities, considering their unique cultures and characteristics. In this regard, one of the universities explains this approach with specific theorists. It's noteworthy that one of the universities introduces a socio-political approach to governance and institutionality in connection to the health/disease process.

Discussion

The emphasis on acquiring knowledge about community practices, in alignment with the primary health care framework delineated in the curricula, is a recurring theme. The above is addressed by Poblete et al. (33), who deduce that this tendency stems from the anticipation of grasping it as an integration of guiding forms implemented beyond mere rote learning. Numerous authors express concerns regarding the alternative models proposed in the curricula as opposed to the prevailing

traditional model of knowledge transmission in actual practice (22, 34). This has highlighted the necessity for implementing transformative processes to promote reflective practices within the curricula, thereby enhancing critical thinking in students.

One of the fundamental inclinations in the curricular approach for ethical-political action (33, 35) pertains to the concept of the “being.” This emphasizes the cultivation of values that steer democratic, pluralistic, socially engaged conduct, as well as the promotion of respect for cultural diversity within various contexts where individuals operate (36).

It is common in research (36, 37) to delineate nursing care within community practices within a relational context (subject-to-subject) within the framework of comprehensive action. In this context, individuals understand themselves to facilitate the care of others. Monge (37) suggests that the teaching-learning process strengthens relationships that promote reciprocity, a perspective that aligns with the views of Hill et al. (38). These authors emphasize the development of a relational pedagogy in which both the teacher-student and the individuals, families, and communities receiving care are regarded as active participants possessing critical knowledge. This perspective shapes the interaction as an educational experience imbued with “meaning” (39). Recent contributions (39) support the idea that the development of a relational pedagogy goes beyond a mere dual relationship. Instead, it emphasizes the transcendence of transformation as a shared objective.

Hence, the curricula examined in this study emphasize the preparation of individuals capable of carrying out specific nursing tasks and who prioritize their professional responsibilities. However, it is essential to establish, solidify, and integrate into practice

fundamental principles and philosophical foundations from the fields of human, social, and psychological sciences (39, 40), along with the incorporation of ecological perspectives (38-40). This integration aims to bolster the social and humanistic paradigm essential in community care and, consequently, broaden the interdisciplinary scope. In this regard, the proposal by Adissi et al. (40) illustrates that the dialogue between nursing and individuals from professions outside the health sector has been limited.

For the reasons mentioned, the curricular analysis carried out in reflective practice should have the potential to construct proposals that prevent the uncritical reproduction of exclusive educational models (41). It should embrace a holistic perspective of care and reveal cultural elements, all while considering the current context. All of these efforts are aimed at achieving positive impacts, ultimately contributing to the well-being of the communities.

Community practice provides both students and teachers with the opportunity to engage and collaborate in various social settings, both directly and indirectly. Research projects, like the one conducted by Nuuyoma et al., delve into the learning experiences of nursing students in community settings and ascertain that these experiences foster the development of essential human skills (41). A common feature in these curricula is the aim to prepare individuals with the capacity to carry out specific nursing activities as part of their professional role. Therefore, it becomes crucial to enhance the human and social dimensions while emphasizing ethical principles in the context of social justice (35, 36).

The methodological approaches in the analyzed community practices curricula assign an active and central role to the students in

the educational process. They underscore the necessity of shifting pedagogical practices and revising theoretical foundations to enhance the learning process, a concept that is supported by various studies (22, 37). This situation emphasizes the significance of delving deeper into the field of pedagogy to advance the development of community nursing practices.

Conclusions

In summary, the analysis of community academic practices based on the curricula of nursing programs, in the context of primary health care, reveals that these practices are structured around three central components: the *being*, *knowledge*, and *reflective practice*.

- The “*being*” aspect emphasizes essential tools such as assertive communication and professionalism. It underlines the fundamental foundations within the curricula, focusing on ethical commitment and critical thinking to address the social, economic, and cultural conditions and needs in the areas where academic practices are conducted.
- The “*knowledge*” component encompasses aspects related to socio-political knowledge, human social development, and a historical-social context with a focus on the school, family, and community approach. The previous elements serve as the foundation for analyzing the orientations of Colombia’s policies on health, illness, and death.
- The *reflective practice* emphasizes the significance of transforming the skills acquired by students during their curriculum, enabling them to provide community care tailored to the context. This involves integrating elements of *being* and *knowledge* within the diverse environments where life unfolds.

From these conclusions, several valuable contributions emerge as input for academic community practices in nursing program curricula. These include the need to strengthen advocacy, build alliances, and promote interprofessional collaborative work that involves various actors and sectors, such as academia, the public-private sector, and civil society, all focused on the human being as the subject of care. This articulation is essential for developing the personal, human, ethical, and scientific qualities of nursing professionals. It should facilitate a profound engagement with individuals, families, and communities. Additionally, there should be processual integrations between training institutions and the services and social environments they serve.

The educational environment can be enhanced to provide students with the opportunity to take on the challenge of effectively supporting not only sick individuals but also healthy ones. This can be achieved by consolidating learning methodologies and evaluation processes that are problem-based or focused on meaningful learning. Incorporating approaches like learning by doing and utilizing information and communication technology (ICT) can be a valuable part of this process, including the use of teleeducation.

The practice necessitates promoting actions from a philosophical and multi-situated perspective, aiming to foster social and community participation in fieldwork. In addition, there is a need to enhance students’ pedagogical training in a cross-cutting manner, serving as the foundation for guiding health education and acknowledging reciprocity as the outcome of a process involving bonding, co-participation, teamwork, and bidirectional dialogic learning.

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Conflict of Interest:

The authors declare that they have no conflicts of interest.

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