

EDITORIAL**Health training in the context of the COVID-19 pandemic: challenges and perspectives**

The 21st century has been marked by rapid demographic and epidemiological transformations; new infectious, environmental and behavioral risks, which have demanded dynamic and complex needs for health systems and training processes of health professionals. In this context, the COVID-19 pandemic has brought great challenges, because, in addition to causing the most important health crisis of recent times, it has been causing unprecedented repercussions and political, social, economic and cultural crises in the recent history of diseases affecting the world population.

In Brazil, the pandemic has highlighted socioeconomic inequalities, the various problems historically experienced by public health services (Unified Health System - SUS) and, above all, the indispensable work of health professionals in coping with the disease and its repercussions.

Therefore, health education must be revised in order to meet the needs and experiences imposed by this new context. More than ever, it is necessary to stimulate and enable a training that favors the expansion of the concept of health, incorporates the social understanding of phenomena and their determinants, and allows the recognition and experience of the complexity of health care and the organization of services, such as health care networks (RAS). For this, it is important not only to develop and improve the general and specific skills and competence that are described in the National Curriculum Guidelines (NCD) for higher education in health, but also to advance from the perspective of collaborative competencies. Teamwork, sharing, interdependence, the use of Information and Communication Technologies (ICT) and the development of collaborative practices are fundamental for this discussion.

For a training process aligned with the assumptions of the SUS and that responds to the various demands presented in the context of the pandemic, Interprofessional Health Education (IPE) gains evidence and expands the possibilities for the teaching-learning process. The IPE is aligned with the premise that health care requires the integration of professionals in to achieve comprehensive care. For this, IPE, which is characterized by involving members of two or more professions with complementary skills in collaborative practices with common objectives in the training process, it is a powerful modality for the transformation of health practices.

However, it is worth mentioning that IPE is not restricted to simply placing different groups of students together to learn in the same environment, it is necessary to learn together, with the explicit purpose of improving teamwork, care and health care. Thus, the development of collaborative skills, from the perspective of interprofessional work in health, requires that IPE experiences be present throughout the training of professionals. In this movement, we highlight the updates of some NCDs in health that already point to this sense. Thus, it is up to higher education institutions (HEIs) an important movement to revisit the Pedagogical Projects of Course (PPC) of the health area for curricular readjustments within these perspectives.

In line with these needs of adequacies, and also considered an important strategy for the "new" health training, the incorporation of the specific workload destined to university extension activities in the PPC (Curricular Creditation of Extension - CNE Resolution No. 7, of December 18, 2018) plays the important role of promoting the approximation of High Institution Education (HIE) with society, strengthening the teaching-service-community integration in the training of health professionals. The Curricular Creditation of the Extension must be linked to activities that originate in the external community and that, in some way, may impact on the formation of students, from the dialogical interaction of the contribution with social transformation and the improvement of the production and application of knowledge, always articulating with teaching and research.

Although these demands are clear and henceforth guide the prospects for health education, it is known that there are still significant challenges imposed by the current pandemic, which need to be circumvented in the process of health training, such as Remote Emergency Education (REE). The REE was a strategy that, in the context of the COVID-19 pandemic, provided academic communities with the feasibility of maintaining teaching-related activities, under possible circumstances. However, it should be emphasized that the REE is a temporary strategy, since this method cannot replace important necessary links between the different actors of the teaching-learning process in the health area, hindering the development of essential skills, abilities and attitudes for the integral education of professionals.

Based on the challenges and perspectives for health education in the context of the COVID-19 pandemic, it is worth reflecting on the role that each individual, HEI or health service developed during this period and, from a more optimistic perspective, how much was gain in terms of technological and personal improvement. The challenges faced will certainly leave some kind of brand focused on the ability to overcome what has been presented to everyone.

Also, as for the developments in the post-pandemic period, although they are, in a way, still unknown, much has been discussed, rethought and reformulated in the field of human health knowledge, which reflects the incredible human capacity for resilience.

Good reading!

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