92 - PROBLEMATIZING APPROACH IN PHYSIOTHERAPY

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INTRODUCTION

The problematization is the object of analysis of this trial, as in health new teaching methods are characterized as problem-solving. These methods are pointed to the transformation the processes of teaching, they propose new methods rightly focused on student learning, new conception of teaching to promote meaningful student learning, critical thinking skills and reflective and learn by reviewing the exercise professional (BACKES; MOYA, PRADO, 2011).

Among the active learning methodologies, identify themselves, so far, in the area of health Problematization Methodology (MP) - Arch Maguerez and problem-based learning (PBL). These are distinct proposals that are supported in learning by discovery and significance and in tune with the current discourse among educators and reformers of higher education, are proposed as problematizing (Delizoicov; SILVA, 2008).

It is problematization that begins in the perception of a new perception and new knowledge, but it is important to "maximum possible awareness." Upon questioning, seeks to bring the "wisdom of experience" to the students, not as something to be despised or ignored, but as a starting point, since it is the understanding of the world we live students who need to be valued . Thus, by valuing students' knowledge, bring to the University, much more than school subjects, but also the historical-cultural, political and environmental aspects of student and school community.

Considering that the use of problematization has been proposed as an alternative to the training of professionals in healthcare in order to give a new logic of attention and that in some disciplines. Given this assumption we propose in this study to analyze the strengths and weaknesses of problematization the perspective of students and teachers.

METHODOLOGY

The methodology involves a qualitative research, techniques of data collection were semi-structured interviews and questionnaires. To analyze the data we chose to analyze the content. The participants were students and professors of Physiotherapy Univali, data collection started after the approval of the Research Ethics Committee number xxx and after signing the informed consent form. The questionnaires were given to students of Physiotherapy Univali with the intention of know how is the experience in working with this method and the degree of satisfaction in facing situations in their real form, if it adds or not a better development over a thought critical problems before. A semi-structured interview was applied to teacher responsible for the course using Arco Maguerez.

The evaluated material will be presented in thematic groups, with categories and their subcategories, however, as the data were collected during the months from April to June 2013, was not completed this process, only the first thematic block is evaluated altogether, which will be presented. The citations of responses occur according to the question was performed, ie, Q1 1, for example, Q1 represents the questionnaire answered for a particular student, and the final number, in this case 1 represents the numbering of question that was asked

However, division by complete takes the following form: the 1st thematic group is related to health and illness, with their respective categories. The 2nd is for the Arco Maguerez, followed by their categories and subcategories. And the 3rd and final group is related to the curriculum and also conforms to their categories.

Theme Group	Category	Subcategory
A: Health and Disease Process	A1. Pathological approach	
	A2. Good physical, mental and psychological.	
	A3. Health linked to social determinants	Reality
	A4. Patient's vision	
B: Perception do Arco de Maguerez	B1. Learning	B1.1 Joint theoretical and practical
		B1.2 Reality
		B1.3 Teamwork
		B1.4 Dialogue
	B2. Idle time	
	B3. Loss of focus	
C: Curriculum focus	C1. Critical and reflective thinking	
	C2. Interdisciplinarity	

Important to note that the separation into categories and subcategories was performed to facilitate understanding, since in some situations this limit is sketchy and sometimes related, content or theme can be related to one or more categories or subcategories. These categories and subcategories emerged from the data collected and thematic manner chosen a priori.

DISCUSSION

This article is part of a project approved in the announcement of the article 170 of Univali in March 2013 and still in the process of analysis and discussion, so in this article we will present only the units of record and the inferences the 1st thematic block, process of health disease.

Theme Group A: Process health and disease

Through data analysis, it was possible to identify three related subcategories: pathological approach to sickness

absence and patient with pathological disorder. In this thematic block will be first presented the recording units of each subcategory and then the inferences of the thematic group.

A.1 Pathological approach

The focus of healthcare has as it were, only the absence of a specific disease, knowing that the concept of health goes beyond.

The health means the absence of disease, is also the person to have a quality of life, wellbeing, well being of the people that lives. Disease is the state in which the sick person is not only physically, but also spiritually (Q2º1).

Disease: is the pathology, which prevent them from performing quality work. Health: is the quality of life where people have good nutrition, are not sick. (Q18º1)

A.2 Good physical, mental and psychological

Health: a state of mental and physical balance in which the individual is considered as well. Disease: physical imbalance in which the patient's mental affect your day-to-day. (Q12º1).

Health: complete state of physical well being, social, psychological. Disease: negative interference in physical, social, psychological

A.3 Health associated with social determinants

Health is characterized by several factors such as psychosocial well-being, environmental factors, physiological factors among others. Disease is not only characterized by the absence of health but for all the factors that relate to personal status (Q5º1).

A.4 Patient's vision

It is when an individual finds limitations in their day-to-day due to the pain, which is currently debilitated (Q2º2).

Sick is the one who for some reason or other pathology can not perform their normal daily activities

According to the statements of the participants realize that the way of seeing and thinking about health still corresponds to the biomedical model and refuses to recognize the human as well as a set of organs and systems that is damaged or malfunctions , which can be solved with the aid of other features of different technologies.

But this model is far from being consistent with the health needs of the people , because each has its own characteristics and express differently , live in a community with specific environment , with your family or not , with certain habits and customs with their race , creed , profession , way of being and expressing your feelings , etc. . When we identify these features realize the health needs of this individual . The professional who does not recognize these characteristics and perceive the subject as a lesion in a specific organ or system may not succeed .

In data realized that students perceive health as absence of disease . If health professionals do not have the extended concept of the health-disease process their actions may not be feasible .

It is known that the vision of health as absence of disease is widespread in common sense and some health professionals . To understand the reasons for this prevalence , we must seek its origin in the historical context of health and biomedical paradigm . Ribeiro (1993) states that it may consider four major periods to describe the evolution of the concepts of health and illness along the historical path of humanity : the pre - Cartesian , until the seventeenth century , a period of development of scientific or biomedical model , which began to install with the implementation of scientific thought and the industrial revolution , the first revolution of health with the development of public health , which began to develop in the nineteenth century , and finally the second health revolution , initiated in 70s.

Shortly after the Second World War , in 1946 , the World Health Organization gave the following concept of health : " Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or disability. " In time this definition was a breakthrough for the health because it had a broader and more positive health would include factors such as diet, physical activity and access to health systems . The welfare concern came from the devastation caused by post -war optimism and peace .

Currently the understanding of health goes far beyond the concept of health above. When we expressed the complete state of health as to say the total, which is utopian and unattainable character because it has complete physical state ? Who wears eyeglasses is already considered sick. In addition to the term wellness cast indicates a state of the health- disease, because the individual does not remain constantly in a state of well -being . A person in your life can not live without anxieties or conflicts and these feelings are inherent in the story of every human being and every society. For Canguilhem (2006) , the infidelities of the medium , failures , errors and malaise form a constituent part of our history and from the moment that our world is a world of possible accidents , health can not be considered as a lack of errors but the ability to face them . So , in a way that presents itself , this concept is unattainable and can not be used as target for health services or how current provision of health professionals in constant training .

It is at this point that the social determinants of health (SDH) act in a more complex because not only identify the biological cause of fetal mortality and the relations of cause and effect , identify how certain groups of the population are more likely than others to contract certain diseases . Therefore , the social determinants of health include the more general conditions - socioeconomic cultural and environmental - of a society , and relate to the conditions of life and work of its members , such as housing , sanitation , work environment , health services and education including also the plot of social and community networks . WHO defines the Social Determinants of Health (SDH) as the social conditions in which people live and work .

The student perceives the disease process as the absence of disease and how well -being . With this way of seeing and thinking health easy to understand the vision that the student has the patient because he can not see the patient as a subject , he sees the patient as the disease . But it is understandable that students understand the subject as the disease itself , because for them the concept of health is rooted in the biomedical model . While there is the apprehension of the concept upgraded health is difficult to separate the subject from the disease itself and begin to see it with the DSS . So we believe that the first step would be the " know" and this " new knowledge " guide for new ways of organizing the "doing" and set the "being ." Then yes we would have a true transformation of a biomedical model of health and disease-centered to an integral model and focusing on health , so a paradigm shift from positivist to antipositivist .

Health should be understood in its multiple aspects , no longer referenced to the positivist epistemology , analytic , but from a perspective of association between subject / object , theory / practice , mind / body , where human activities historically situated and socially contextualized , contains values , interests and principles .

CONCLUSION

By the time we find that the fragility of Arco Maguerez is the understanding of the disease process, as this student sees health as absence of disease, does not recognize the social determinants of health and confuses the person with the disease itself. It is believed that this study collaborate for teaching problem-solving in health, especially in problem-structuring of pedagogic practices in Physical Therapy, forming a knowledgeable, keen to contribute their own knowledge. Furthermore, this study will be able to reflect on the didactic pedagogical training of higher education in physiotherapy, while pointing the strengths and weaknesses of the questionable methodology in healthcare.

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PROBLEMATIC APPROACH IN PHYSIOTHERAPY

ABSTRACT

The questioning is the object of analysis of this trial , as in health new teaching methods are characterized as problem-solving , PBL and problem-solving methodology (Arch Maguerez) . The aim of this study is to understand and analyze the strengths and weaknesses of Arch Maguerez the perspective of students and also the teachers . The methodology involves a qualitative research and data collection applied a semi - structured questionnaires and teacher discipline students disiciplina. For data analysis we used content analysis of Bardin . 20 questionnaires were applied and one semi-structured interview . The data analysis was divided into three major thematic blocks : health and illness , perception of Arch Maguerez and focus of the curriculum . These thematic shape divided into categories and subcategories that emerged from the data .

KEYWORDS : problematization , physiotherapy , active teaching methods .

APPROCHE PROBLÉMATIQUE EN PHYSIOTHÉRAPIE

RESÚMÉ

La remise en question est l'objet de l'analyse de ce procès, comme dans les nouvelles méthodes d'enseignement de la santé sont caractérisés comme la résolution de problèmes , PBL et de résolution de problèmes méthodologie (Arch Maguerez) . Le but de cette étude est de comprendre et d'analyser les forces et les faiblesses de l'arche Maguerez la perspective des étudiants et aussi les enseignants. La méthodologie implique une recherche qualitative et la collecte de données a appliqué un questionnaire semi- structuré et enseignant la discipline des élèves disiciplina. Pour l'analyse des données , nous avons utilisé l'analyse du contenu de Bardin . 20 questionnaires ont été appliquées et une entrevue semi-structurée . L'analyse des données a été divisée en trois grands blocs thématiques : la santé et la maladie , la perception de Arch Maguerez et l'orientation du programme . Ceux-ci forme thématique divisé en catégories et sous-catégories qui se dégagent des données.

MOTS-CLÉS: problématisation , de la physiothérapie , des méthodes pédagogiques actives .

ENFOQUE PROBLEMÁTICO EN FISIOTERAPIA

RESUMEN

El cuestionamiento es el objeto de análisis de este ensayo , como en nuevos métodos de enseñanza de la salud se caracteriza por la resolución de problemas , PBL y la metodología de resolución de problemas (Arch Maguerez) . El objetivo de este estudio es comprender y analizar las fortalezas y debilidades del Arco Maguerez la perspectiva de los estudiantes y también a los profesores. La metodología consiste en una investigación cualitativa y la recolección de datos aplicada a cuestionarios semi - estructurados y profesor de la disciplina estudiantes disiciplina. Para el análisis de los datos se utilizó el análisis de contenido de Bardin . 20 se aplicaron cuestionarios y una entrevista semi - estructurada. El análisis de datos se divide en tres grandes bloques temáticos : la salud y la enfermedad, percepción de Arch Maguerez y el enfoque del plan de estudios. Éstos forma temática dividida en categorías y subcategorías que surgieron de los datos.

PALABRAS CLAVE: problematización , la fisioterapia , los métodos activos de enseñanza

ABORDAGEM PROBLEMATIZADORA EM FISIOTERAPIA

RESUMO

A problematização constitui o objeto de análise deste ensaio, pois na área da saúde novos métodos de ensino se caracterizam como problematizadores, PBL e a Metodologia problematizadora (Arco de Maguerez). O objetivo deste estudo é conhecer e analisar as fortalezas e fragilidades do Arco de Maguerez na ótica dos estudantes e também do professor. A metodologia envolve uma pesquisa qualitativa e para a coleta de dados aplicou-se uma entrevista semi-estruturada a professora da disciplina e questionários aos alunos de uma disiciplina. Para a análise dos dados coletados usamos a análise do conteúdo de Bardin. Foram aplicados 20 questionários e 1 entrevista semi-estruturada. A análise dos dados foi dividida em três grandes blocos temáticos: processo saúde e doença, percepção do Arco de Maguerez e enfoque do currículo. Estes blocos temáticos forma divididos em categorias e subcategorias que emergiram dos dados.

PALAVRAS-CHAVE: problematização, fisioterapia, metodologias ativas de ensino.