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Research Article

THE GENERATED COMPETENCIES IN GRADUATES OF THE BACHELOR'S DEGREE IN HEALTH EDUCATION IN THE STATE OF MEXICO

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ABSTRACT

Twelve Years after the Bachelor's Degree in Health Education started to be offered at Autonomous Mexico State University, it already has eight generations of graduates. During this time and in order to assess the quality of education provided, three evaluations have been applied: an intern one which is in the last phase, another national and the last international. In the last two the best rating granted by the organizations were gotten; nonetheless, as part of the internal assessment and in order to know if it fulfills the social responsibility the program has, we proceed to identify the competencies that have been shaped in the graduates.

Key Words:

Competencies, graduates, health education, evaluation, thesis.

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INTRODUCTION

Historically, disease care has been based on the doctor-patient relationship, where rigorously following the etiology, the signs and the symptoms, the pathophysiology and the course of the disease, the necessary treatment is determined by the "Explanatory Models of the Condition". This form of care has been called biologicistic model and has been made possible thanks to the development of man's knowledge and to the use and application of the technological development; however, diseases have not stopped and despite the efforts they have increased numerically in cases and in diversity. Financially, these scientific and technological advances have a very high cost to health systems and unfortunately they also represent a high social cost for families.

Mexico, is located in the first places of obesity worldwide, with its consequent negative effects. Faced with this scenario, a challenge for government is presented, to establish policies which are more in line with the reality that is lived in Mexico.

Most diseases have specific prevention activities and for the implementation in collectives, intersectoral participation is considered. One of these prevention activities is health education which raises that it has the responsibility to improve lifestyles

that are harmful to health and cause various diseases (OMS, 1998).

Specifically, in the State of Mexico, to attend from prevention to several diseases, two sectors have approached: health and education.

In 2007 the Autonomous Mexico State University, for the first time offered a Bachelor's Degree in Health Education in the eastern part of the state.

This Curricular Project (PC due to its Spanish abbreviation) raises as the subject matter of the future professional, lifestyles, and it will be through educational interventions, to generate changes in favor of the health of individuals and groups, being its field of action the one from Social Sciences.

The educational offer presents a double challenge, the first one about going against the social imaginary existing in its own name, since, according to it, it is located in the area of health and the second about generating its own field of knowledge by taking up contributions of Health Sciences, Social Sciences and particularly Pedagogy. These contributions shape the theoretical-epistemic framework for the analysis of the social situations belonging to the study collectives, as well as the

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design, implementation and evaluation of educational programs and interventions.

In order to generate the necessary competencies, the PC in the Integral Core considers Learning Units (UA due to its Spanish abbreviation) which students must take since 5th level,

these are: "Community Practices I", "Community Practices II", "Community Practices III" and "Practices in Institutions". In them and meeting the aim of the same core, *provides the student, the education scenarios for the integration, application and development of knowledge, skills and attitudes that allow the performance of functions, tasks and results linked to the dimensions and areas of intervention or emerging fields of it* (UAEM, 2007).

In this way, the students interfere in the different study collectives integrating the knowledge previously learned in the UA from the Basic Core and Substantive Core and enriching them. In addition, as one of the requirements to get their Bachelor, students must achieve extracurricular time with "Professional Practice".

In all these activities the student and Bachelor in Health Education, needs to design the educational intervention proposals which emerge from the collectives themselves, and recognizing other disciplines contributions, characterizing the commitment of their work as inter-cutting and trans disciplinary actions, which allow you to understand social realities and act accordingly.

Health Education as a university-level program is new in Mexico and its location in social sciences characterizes it in being interdisciplinary and transdisciplinary. This feature faces two challenges, the reality of taking theoretical and methodological contributions from other areas of knowledge (such as nursing social work, medicine), which confronts it with the reality of using non-precise or epistemology evaluated theories from its own perspective; nevertheless, at the present time these contributions are necessary to carry out the analysis of the complex situations that occur in the various groups and to consolidate based on the position of disease prevention and from Social Sciences.

As field of knowledge in construction, in several reports presented by professors and students, as a result of the activities carried out in community, various efforts can be identified which appear to be dispersed and not systematized, where neither the theoretical nor the methodological bases are identified; therefore, its social intervention is placed in a vulnerable situation as well as the derived research from it.

Since 2007, year of the educational program implementation, work has been carried out aiming at providing quality education, applying all the efforts in each of the different involved areas and ten years after that start, university regulations indicate the comprehensive review of the Program.

With eight generations of graduates, the program of the Bachelor's Degree in Health Education has been submitted to three evaluation processes, one internal and two external being the former national and the latter international.

The internal evaluation, carried out by the university itself, used criteria established by its own Secretariat of Teaching considering in them the points mentioned in the feasibility study

carried out for its opening. This evaluation consisted on the participation of teachers, students, recipients of the students during their different community practices, as well as labor employers. This evaluation considers the belonging to the educational program that is offered with the society needs and labor employers and it is in its last phase (authorization from the University Council) in order to introduce the proposed adjustments to achieve its update according to social needs.

The first external evaluation (national) carried out in february 2015 was made by the national body best known as Comité Interinstitucional para la Evaluación de la Educación Superior (CIEES). The objective of the evaluation was to evaluate that the training given in the Bachelor's Program is of great quality. The evaluation process itself consisted of two stages. The first one was the delivery (prior to the visit) of a rapporteurship of each of the 61 indicators, supporting them with official documents and / or photography and the visit of the evaluators during two days at the facilities. During this stage, they toured the institution verifying what was written and interviewing alumni, students, employees, professors and the coordinator of the educational program.

Although the result was otherwise favorable, within the University the social commitment for responding to the needs of society is maintained, which requires professionals who, far from checking out diseases, intervene specifically with preventive actions such as Health Education.

The second evaluation was international, it was carried out in September 2016 by the Consorcio Interamericano de Universidades y Centros de Formación de Personal en Educación para la Salud y Promoción de la Salud (CIUEPS). The objective is to evaluate that the training of the students is in accordance with the international policies of disease prevention and health promotion as suggested by the World Health Organization. As in the previous evaluation, the evaluating body established criteria and the corresponding evidence was shown.

Within the strong social contradictions in which the Bachelor's Degree in Health Education is developed and the existence of professions with an extensive social recognition such as medicine and nursing, the relevance of considering it as research subject matter its own be and do; this towards considering the products as contributions to the establishment and definition of their area of knowledge and thus contributing to the consolidation as a discipline. In order to do so, it is necessary to make a permanent review of its work, which allows to actively form integrative actions of the different events in which it intervenes.

Failure to do so, amounts to denying the construction and establishment of the area of knowledge of the Bachelor's Degree in Health Education.

In this way, by analyzing the investigations (Theses) that the graduates of the Bachelor's in Health Education have prepared to proceed to their degree, the formation of competencies can be identified according to the Curricular Project of the degree.

Development

The current research falls within the field of disciplinary construction, with an emphasis in the theoretical and

paradigmatic production, which are emerging in Health Education. This statement is based on the confrontation experienced by the teaching staff with the possible lack of knowledge about the use of the theoretical-methodological components of students at the time of designing and implementing the different educational interventions, which itself leads to doctrinal, dogmatic and intolerant uncertainties (Morin, 1999).

The research was retrospective, documentary and it was developed at UAEM, Nezahualcóyotl, Campus from Autonomous Mexico State University, located in the eastern part of the federative entity. It began by identifying in the investigation's objective, the categories and the units of analysis and the data collection, instruments and analysis techniques were determined. The use of this methodology made possible to direct the process of this research (Cerda, 1995).

The use of the documentary method allows us to systematically observe and reflect on theoretical and empirical realities and for them official sources were used such as 1). The Curriculum Project from the Bachelor's Degree Program authorized by the University Council in July 2007, 2). The Competencies Programs of the Learning Units that make up the Curriculum Project and 3). Thesis prepared by graduates carried out during the period from december 2011 to July 2017.

In the first two set of documents competencies that graduates must have during their training period were identified and in the last set (thesis) the analysis categories were: a). subject matter, b). study individuals, c). used methodology and d) the theoretical-conceptual framework.

RESULTS

According to the proposed knowledge, the curriculum project considers that "the Health Educator is a professional with extensive knowledge, once his multi and interdisciplinary preparation, trains him in different fields of knowledge such as health, sociology, anthropology, education and communication. This training will allow him to be a flexible educator, respectful of cultural diversity, but with a strong leadership to induce changes in the social practices harmful to health (Campos-Navarro y Liviere, 2009).

The educational program is formed by Learning Units that are grouped in a reticle, which allows the identification of three existent Formation Cores: "Basic", "Substantive" and "Integral". In the Basic Core, "the learning of contextual, theoretical and philosophical bases, and the acquisition of a university culture in sciences and humanities, and the development of intellectual capacities essential for preparation and professional practice, or for various situations, are promoted of personal and social life". In the Substantive Core the student develops the theoretical, methodological and axiological domain from the field of knowledge where the profession is inserted" and the Integral Core formed by 5 Learning Units carry out Community Practices and "integrate" the different theoretical contributions acquired, "providing the student with the educational scenarios for the integration, application and development of the knowledge, skills and attitudes that allow the performance of functions, tasks and results linked to the dimensions and areas of professional intervention or emerging fields from it" (UAEM, 2007).

About the Subject Matter

In the Subject Matter selection, 74% focused on educational intervention programs, where through the general objective they considered making program proposals for other programs, others the design, others the redesign of an existing program in the health sector, others its implementation and others came to evaluate them. 8% selected social determinants of health family factors and lifestyles; only 18% considered several subject matters such as Burnout syndrome, self-perception, depression, Bullying and use of virtual social networks.

In the case of the first group, within the actions that the graduate in Health Education must do, is precisely the use of educational intervention programs in health, first making an identification of the knowledge, experiences, practices, habits and community customs whether they influence the formation in healthy lifestyles or not, from then on, to initiate community processes of Health Education (UAEM, 2007).

Likewise, the thesis students who identified the programs as the subject matter had a relationship with the programmatic structure in charge of handling the health status of the population, applying this knowledge when evaluating existing programs in health systems, redesigning existing ones and adapting them by enriching with contributions from their academic training or designing programs considering the programmatic structure and regulations of the Mexican Health Sector (UAEM, 2007).

Regarding those who decided on the social determinants of health and lifestyles, this selection motivated them to focus their attention on the social context especially family where individuals develop. Here, context is given importance, which is precisely the one that influences the formation of lifestyles, understanding the needs of integral and continuous attention of the target population that allows the design of actions which lead to the change of cultural patterns of individuals, families and socially harmful groups to health, prioritizing preventive actions (UAEM, 2007); this makes possible to promote and guide practical groups as well as healthy lifestyles (UAEM, 2007).

If we start from the fact that the bachelor's degree area of knowledge does not exist and it is in its definition process, then we can appreciate the importance of considering the various elements that are in context when designing or redesigning the implementation of educational interventions (UAEM, 2007) that instill the culture, lifestyles and desirable practices to acquire and preserve optimal health status among population during their lifetimes (UAEM, 2007).

About the study individuals

Most of the investigations defined as a study population the adolescent group (56%) additionally, two of them were considered even if they were pregnant. The next group of study population were adults with 18%, of which 45% focused on workers and 18% on adults in seclusion. The next group was children with 8%, tied with the same percentage (6.5%), young adults and the elderly population and with 5% young university students.

According to the Curriculum Project, the care groups that raises being studied are newborns and their mothers, infants,

adolescents and young people, adults, elderly people, families and community (UAEM, 2007). According to the research carried out, all the selected groups comply with the PC, in doing so and according to the graduating profile, students carry out analysis about health conditions of their target population, paying attention to the originating and no-originating ethnic groups in both rural and urban areas, for which it understands the population's needs. In this, the identification of social classes will be the object of special attention (UAEM, 2007), through the analysis and interpretation of inequality experiences by the study groups based on the theoretical postulates of the main currents that address the phenomena of inequality and social exclusion.

When determining their population under study, they identify the social and cultural factors (Multiculturalism and health) as well as the mechanisms of culture transmission in family groups, especially the knowledge associated with the loss, recovery and conservation of health, their system of values associated with daily practices harmful to health of different collectives or vulnerable groups (UAEM, 2007).

In doing so, they evaluate the sociocultural transformations, which are built in the collectives, seeing the globalizing processes and the use of technologies and their link with certain thematic contents (quality of life and health). In this, they also determine and analyze the communicative and significance processes in diverse collectives (Media and health). All this to understand the basic needs and to carry out educational activities that lead to social welfare and quality life.

This allows the Health Educator to design and to develop health education programs aimed at vulnerable populations such as disabled people, children, elderly, pregnant women, illiterate people, etc. considering for this the psycho-pedagogical process " (UAEM, 2007), applying teaching-learning strategies depending on the profiles and characteristics of collectives (UAEM, 2007).

About the used methodology

The Curriculum Project of the Bachelor's Degree in Health Education, proposes the teaching of working methodologies that improve the recognition of knowledge, experiences, practices, habits and community customs that intervene in the formation of healthy lifestyles, which allows them initiate community health education processes (UAEM, 2007). In this tenor of the carried out theses by its graduates, 25% have been qualitative, 57% quantitative and 18% have combined qualitative and quantitative. This diversity in methodologies, contributes to the formation of their graduating profile, which indicates that they must have the competencies to design and to create measure instruments to get information through fieldwork, using several research methodologies from Health, Social and Educational Sciences (UAEM, 2007). Since in their community intervention they must master the methodologies of education, which are based on theories and methodologies that allow addressing different types of existing families (UAEM, 2007), consequently the use of methodologies from a specific perspective or combined allows the graduate to meet the subjects of education and their environment (UAEM, 2007).

The Bachelor's Degree of Health Education with a social perspective, proposes considering the influence of social factors that generate positive or negative lifestyles, which have

an impact on health status of the population. In this way, the graduate must consider the lifestyles the collectives have and design the educational programs to be implemented, always aiming to generate in each individual the necessary awareness (Freire, 1970), giving them the necessary elements to acquire knowledge and be the individuals themselves who modify their lifestyles. The above allows us to affirm that qualitative research as part of educational interventions is a "Social Fact" (Durkheim, 1975) in this institutional case of a "Social Action" (Weber, 1921) having a predictable rational action with arrangements for purposes, in this case the goals are set, which are rationally measurable.

About the Theoretical-Conceptual Framework

When considering the content of the Theoretical-Conceptual Framework (MTC due to its spanish abbreviation) of the reviewed theses, they considered 27% biological aspects, 22% psycho-pedagogical aspects, 21% social aspects, 14% normative aspects, 8% risk factors and 8% several topics which here we referred to as "others."

From the universe of revised theses only 38% considered within their MTC an integration of biological, normative, social and psycho-pedagogical aspects, the other 62% paid attention to risk factors. From this last group, only 11% considered the psycho-pedagogical aspects and the risk factors.

The above information allows us to carry out an additional grouping, appreciating that according to the contents of the MTC prepared by the thesis students, 62% had a focus from Public Health and 38% from Collective Health.

In their training process, students daily review the thematic contents of the Learning Units.

Analysis

In the analysis of results, it was considered that the complexity and constructionism contribute to the holistic and comprehensive approach to Social Sciences, from relationships, the dynamics present in society and the theoretical, epistemological and methodological construction. These contributions are the analytical base that was used, since the bachelor's degree of this research is in the field of Social Sciences. These sciences have a common point: they argue that there is not absolute truth, that knowledge is built daily, that behind the dynamics and social movements there is new knowledge as well as new contributions to science in order to understand human relationships so as to solve the social issue that emerges in each of the fields and at a general level as a whole.

Complexity allows us to understand the fields of professional intervention from "a permanent tension between the aspirations to an unparcelled knowledge. Not divided, not reductionist, the recognition of the unfinished and incomplete of all knowledge" (Morin, 1996). It helps to qualify the retroactive gaze aimed to the total understanding and enables us to recognize the environment in which the subjects involved, the language used and how the culture permeates allowing to recognize the environment in which it is developed, thus giving a perspective of global and holistic understanding of realities and contexts in which professional intervention is carried out.

It is proposed that the intervention fields of the Bachelor's Degree of Health Education is a multi-fold social fabric, where is necessary to carry out a "complex reading" to understand the relationships and interactions that emerge in them. So, there are no absolute truths, being all significant knowledge, which contributes to the construction of self-criticism of the various dimensions of analysis. In this sense, it is necessary to advance in the reflection, starting from understanding the fields of intervention from the notion of an open system, in the analysis of the relationships between conditioners and components of the intervention. On the other hand, constructionism proposes the methodological dualism which states that in social sciences specific models must be used where the circulation of questions and findings around appropriate issues of controversy is chained (Saavedra, 2017).

These models refer to exchanges that occur between people historically and culturally located in a society; where emotions, intentions, memory, thoughts, actions, knowledge, facts and social constructions are recognized and not only individual, because the social precedes the individual (Kisnerman, 1998) and what is considered knowledge of the world, is determined by culture, history and social context which determines the fields of intervention and also professional intervention.

In the case of the present investigation, this methodological dualism is required since recognizing that it is a new educational offer, which located within the field of Social Sciences attends preventively the appearance of disease and employs specific models of educational intervention considering for this matter, the practice of healthy lifestyles, which are formed, modeled and reproduced within family.

Thus, from constructionism it is possible the revision of intervention fields of the Bachelor's Degree in Health Education, in the processes of construction, deconstruction and reconstruction of its meanings, elements and conceptions that differentiate it from other fields of intervention and in turn relate them in the perspective of promoting the improvement of relevance in community intervention to help them build their knowledge.

This procedure contributes to the construction of knowledge about the fields of professional intervention, involving the recognition of realities, individuals, groups, culture, language, relationships and dynamics which are emerging and seek to answer the questions that emerge permanently. This requires paying attention to the fact that knowledge is changing and that it is dynamic, just as societies converting it is essential to rethink and to document it to reach its understanding (Cifuentes, 2006).

In accordance with these national and state policies, the Autonomous Mexico State University (UAEM by its spanish abbreviation) offered for the first time in 2007 the Bachelor's Degree in Health Education. This educational program has as main feature being located in the Social Sciences field, being lifestyles its subject matter.

The educational proposal is directed to retake the foundational reasons that gave meaning to its creation; this is, the need to generate a bachelor's degree with inter and multidisciplinary characteristics that addresses the theoretical-methodological construction of health education, under the protection of social sciences.

The Curricular Project of the degree conceptualizes the profile of Health Educator, as "the highly qualified university professional who is formed from a vision and mission of work in interdisciplinary groups, since it is based on quality training from a multidisciplinary perspective, which enables him to project a social welfare, to develop an attention capacity to the education areas, social anthropology, culture, preventive medicine, etc. (UAEM, 2007).

In this conceptualization it can be seen that the communication channels and strong rapprochement between the area of knowledge from Social Sciences, from Health Sciences in their preventive stage and from Education are considered necessary.

CONCLUSIONS

In order to have a holistic and comprehensive approach in Social Sciences, the support of complexity and constructionism is fundamental. In order to fulfill its mission, The Bachelor's Degree in Health Education, requires using these contributions to understand the relationships and dynamics that are presented in society, contributions that are its analytical foundation.

Although the selection by the thesis students of the subject matter and study individuals and the methodologies used are within what was stated in the Curricular Project, the breadth in the elaboration of the Theoretical-conceptual Framework has yet to be strengthened. To do so, the necessary strategies to strengthen the teaching staff that fulfill the functions of thesis directors or advisors must be carried out and made aware of the need for young people to use the knowledge acquired and apply it in the design of their theses, since that is when they carry out an integration of their training.

There are several evaluation processes to which the Curriculum Project of the Bachelor's Degree in Health Education can be submitted, in some of them the criteria are established from the outside, but the internal evaluations will allow the verification that, in its process of implementation in classrooms, seek and ponder its social essence taking care to the society needs. In this regard, it is required to have the necessary elements so that in a systematic way the complexity of the social is considered at every moment, since every program, as Lakatos (1978) said, has an internal history, an external history and a real history.

With the above, it is considered important to keep on with the evaluations about the knowledge acquired by students, appreciating whether the proposal expressed in the Curriculum Project on the graduation profile is fulfilled.

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