TRAINING AND PRACTICE OF MULTIPLIERS REGIONAL RAPID TESTING OF HIV
FORMAÇÃO E PRÁTICA DE MULTIPLICADORES REGIONAIS EM TESTES RÁPIDOS DE HIV
FORMACIÓN Y PRÁCTICA DE MULTIPLICADORES REGIONALES EN TESTES RÁPIDOS DE VIH

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ABSTRACT
Objective: to investigate the training and the practice of multiplying the early diagnosis of HIV/AIDS.
Methods: this descriptive and exploratory study with a qualitative approach, developed in the Coastal Region of the Baixada State of Rio de Janeiro / RJ, consisting of 10 municipalities. Semi-structured interviews were applied to 13 health professionals involved in the dissemination of TRD strategy in the region in the period from October to December 2014. The data were submitted to thematic analysis. Results: are few and difficult conditions of increased supply and decentralization of TRD, with the formation questioned by those involved. Conclusion: although it is a proposal to an expansion process, we denote the real need for investment, regional coordination and support management in test decentralization movement.

Descriptors: Continuing Education; Counseling; AIDS Serodiagnosis.

RESUMO

RESUMEN
Objetivo: investigar la formación y la práctica de multiplicadores del diagnóstico precoz de VIH/Sida. Método: estudio descriptivo-exploratorio, con enfoque cualitativo, desarrollado en la Región de la Baixada Litorânea del Estado del Río de Janeiro/RJ, compuesta por 10 municipios. Fueron aplicadas entrevistas semi-estructuradas a 13 profesionales de salud trabajando en la estrategia de diseminación del TRD en la región, en el periodo de octubre a diciembre de 2014. Los datos fueron sometidos al análisis temático. Resultados: son pocas y difíciles las condiciones de ampliación de la oferta y descentralización del TRD, siendo la formación cuestionada por los sujetos envueltos. Conclusion: a pesar de tratarse de una propuesta que visa un proceso de expansión, se denota real necesidad de inversión, articulación regional y apoyo de la gestión en el movimiento de descentralización del test. Descriptores: Educación Continuada; Consejo; Sorodiagnóstico del Sida.

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INTRODUCTION

The number of Brazilian municipalities with at least one case of AIDS has grown over the years. The debate over the term vulnerability to HIV/AIDS is present, and in previous decades was associated with risk groups. Despite the growth, the AIDS detection rate in Brazil has shown stabilization in the last ten years, with an average of 20.5 cases per 100 thousand inhabitants, with stabilization of the rate in the South, with an average of 31.1 cases per 100 thousand inhabitants.

A study published in 2014 shows that treatment for AIDS in Brazil is more efficient than the global average, since the deaths due to HIV in the country fell at an annual rate of 2.3% between 2000 and 2013, surpassing the 1.5% recorded globally. However, despite the international acclaim for its prevention and treatment program considered progressive and inclusive, Brazil is experiencing a delicate moment about the prevention of new cases.

Another aspect that characterizes the critical moment about the epidemic is the loss of a sense of the impact of disease on quality of life, due to chronicity. In this sense, the increase in survival, resulting from drug development and free availability of highly active antiretroviral therapy has been associated with trivializing the severity of the disease, especially for those who are starting sexual life. The rapid serological tests play an important role in controlling the global epidemic of diseases such as HIV, syphilis or viral hepatitis, as they are early mechanisms for screening or diagnosis of easy access.

Multipliers act as leaders and team coordinators, forming new executives of quick and advisors tests to reducing dependency relationship between municipal and state health departments and increase the autonomy and the capillary knowledge and regionally built practices. In this context, the coordination of Sexually Transmitted Diseases (STD) of the Health Department of the State of Rio de Janeiro (SES/RJ) began to form multipliers in 2012. This proposal generated a question: How could the process of training of multipliers for the SES facilitate the proposal for a rapid diagnostic test offer in the region of Baixada Litorânea of Rio de Janeiro?

This study aimed to investigate the formation and practice of multipliers of early diagnosis of HIV/AIDS.

METHOD

Article elaborate from the dissertation "Training and Practice of multipliers regional..."
the characterization survey of participants (code, training, municipality of work and housing, acting sector, public service time and current time in the service, year and place of training as multiplier), surveying of the affinities and skills in service (Do you like more than act as executor, adviser or multiplier? Why? What did you think of your training? Have you participated/led many workshops as a multiplier? Who participated with you in the composition of the multiplication group (SES, other multipliers)? Did you encounter difficulties in carrying out the multiplication of workshops? How did you handle/deal with the difficulties? And, the survey of the feasibility of trading spaces and strengthening of regional strategy (In your opinion, how do you think we could promote exchanges of experience between the multipliers and strengthen efforts and regional thoughts? If so, Would you like to participate in this construction?)

Interviews applied to the subjects were recorded, transcribed and processed according to a thematic content analysis process that has as steps to pre-analysis, material exploration, and treatment of results, inference and interpretation. It was sought to identify relevant structures and realize the reunification of topics. The central concept of the subject is the subject of analysis and their behavior through a bundle of relations that can be graphically displayed through the use of a word or phrase.

The subjects could be grouped into subgroups, with the criterion of its operations in the city and strategic representation: if multiplier (with or without a concomitant role in local coordination) and STD coordinators (which cumulatively expert advisor function or executor).

Thus, the first group entitled (G1), involved six (06) multipliers trained local workers. A second group calling (G1') comprised municipal coordinators of STD that also formed multipliers. The third group titled (G2) corresponded to 04 engineers not formed multipliers, but having the Executor/advisor training.

Possessing the empirical categories emerged, it was proceeded with the analysis based on the theoretical references that deal with the National Policy of Permanent Education in Health (PNEPS-SUS).

The research that originated this manuscript was submitted to the Ethics Committee in Research with Human Beings (CEP) of the University Hospital Antonio Pedro, Federal Fluminense University, approved by the Opinion 805,941. The subjects who agreed to participate signed a consent and Informed Form (TCLE) and the confidentiality of information is ensured through code with the name of marine animals about fishing activity linked to the origin of the cities that make up the region.

RESULTS

The multipliers training workshops involved in this study alternate content of media strategies related to the execution of the tests with the methodology of questioning. All multipliers study participants made a positive assessment of their training. Some of them have referred to this as a deepening of the knowledge already acquired in learning to run/advice. The lines seem to point to the fact that the workshop would have achieved a first effect: strengthening the skills of local workers since most of the multipliers have acted as executor/advisor.

[… When we are multipliers, you will ever deeper into all the details and so I think it was worth it to give me more security for time to act even […], (G1'. Grouper)

When asked if they prefer to act as executors/advisers or multipliers, most participants showed appreciation for the practice of executing and advising, their proximity to patients and policy perspectives on a delicate and sensitive moment.

[… I like to test and counseling (…), you cause the patient to take his decisions I think nobody advises anyone, we make him think as he can bring to his life as it will prevent […]. (G1. Tilapia)

Participants included the multiplication in their preferences related it to the love of teaching activity or the expansion potential of TRD's offer to the population:

[… By the possibility that you have to be training many people as possible so that the test can be spread throughout the network, this is a wonderful prism […]. (G1. Merluccius)

About their role as executors, despite being unanimous perception that is simple, repetitive and easy application procedures, there was reference to the importance of care in testing:

[… Stick a finger, dripping a drop, super important, [and that] a trained person who knows how to read, count 1,2,3 can do this test, it is something you can train a person to do, it's a mechanical thing, right? but if the person does rapid testing and drip three drops instead of two, will also give the wrong result, and this is serious […],(G1. Stingray)
Participants emphasized the importance of counseling as a special moment that requires professional preparation.

[...] Counseling is a fundamental part of the process if you do not do a good pre, a good past you can commit all process. It is not everyone who can make a good advice [...].(G2. Lobster)

In the analysis of the workshop structure by participants, criticisms and observations were observed relating to an alleged SES tendency to decrease the workload multiplier work in their training activity in municipalities. In this sense, the opinions were divergent.

For some of them, especially those executors/advisers in previous workshops to multipliers workshops, considering the complexity of the training that involves objective aspects related to the implementation and subjective attached to counseling, there is a great risk of loss of quality in the training of new executors/advisors when it decreases the workload allocated to such training. Speaking of special counseling practice on decreasing the workload:

[...] It ends up compromising the process, especially on the issue of counseling. A repetition of technique, training you can do, but in training and a short training you end up skipping steps that are important [...].(G2. Lobster)

[...] The training of executors should return to a higher workload because (the currently adopted) is a very short period [...].(G2. Mullet)

On the other hand, in particular, municipal engineers of STD participants, they praise decreased workload once they find difficulties in the availability of regional multipliers, often because of the difficulty to move away from the workers to such propagation over two days of their workspaces.

[...] Take a professional from home, his business, his work for three days, is very complicated. Now if you come, get out of here and in one day you go out there qualified, it would be wonderful [...].(G2. Moray)

In this regard, the coordinators of STD study participants criticized the limit established by the SES in two places by the municipality to participate in the workshop of training of multipliers. They believe that SES should periodically promote such workshops to increase the number of regional multipliers and reduce dependence on the availability of multipliers in other municipalities.

This attitude reinforces the positive assessment of the training workshops, but also reflects difficulties in the local multiplication of learned processes. The coordinators argue that the multipliers are health workers and as such, they need to be released in their respective areas to carry out the multiplication, which involves, at least, two days of classroom activity, not counting the time needed to plan the training process.

[...] You cannot do it with a multiplier only, so I’m chasing the other two and make them have time available to it, it is very complicated [...].(G2. Moray)

Regarding the practice as multipliers after the training workshop, participants reported that they have established a regional strategy for the municipal formation:

[...] We divided the training every three municipalities. And doing this we relay so that we could enable the greatest number of people [...].(G2. Lobster)

In principle, the multiplier is divided into each of these sub-regions, to multiply for the greatest number of interested people without training. However, considering that the interviews of this study took place in October and November 2014, that is 01 years after the formation of multipliers, when asked about the number of regional/local workshops that have applied in this period, the multipliers reported having four workshops. Four multipliers said they had participated in only 01 workshops, two reported having participated in two workshops, and a multiplier reported already having composed the multiplication of four workshops. Among the peer respondents did not participate in any workshop, one said that such failure was due to the date coinciding with the vaccination campaign commitments and another showed no justification.

Self-criticism could be seen among the participants to this table:

[...] I have today 5 FSP nurses trained, among them one is multiplying, but I have 12 units, so I think it is too late, we could be more active [...].(G2. Haddock)

[...] The multiplication is a bit stop. We have already multiplied two groups here, and we plan to multiply now in January [...].(G1. Grey triggerfish)

The same coordinator could express well, a unanimous perception among respondents that the multiplication of action is important from the perspective of increasing the population’s access to rapid diagnostic method and logic of advice, giving resolution and agility to the attention given to the patient.

[...] In our health care system we have that thing to depend on the doctor, we have to ask the exam, and then you will have to go in the lab, waiting for the time to have this result back and the rapid test it is very
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import the important because it is the result at the time ... [G2. Haddock]

[...] It is difficult when we talk about HIV and AIDS, Viral Hepatitis and Syphilis, the person sometimes does not want to know, but with little way with that result at the time, so we do not waste the opportunity... [G2. Haddock]

It is noteworthy that for most participants the main difficulties that regional multipliers are in the implementation of workshops in the municipalities may be related to issues such as lack of political will and support of the management in the execution of the work:

[...] It is cornered because we are generating qualified professionals to the units and the management had to admit it? It sucks because I like to be able to offer higher quality [...]. (G1. Merlucius)

Respondents mentioned the intention to sensitize the state to the difficulties encountered in the execution of regional multiplication, despite recognizing its limits:

[...] The State's meetings with coordinators is like a wailing wall because everyone complains about the difficulty of room space, support about the car for delivery of inputs [...]. (G2. Moray)

[...] The State has no power to turn to the Secretary (Municipal) and say, you have to support! This is important! Then the state does what? Come on top of me: why do not you do? And no matter my answer, no matter my trouble! Did You get it? So I am the weakest part of the question. I think it is unfair, very unfair! [...] (G2. Moray)

Some solutions are found by the group of multipliers / coordinators in a collaborative work perspective and good will of those involved in the multiplication process.

[...] I tried to show what is the importance of this workshop, she can train professionals, improve the city's health care, bring more dividends regarding funding. And finally, I tried to work this way, but even so we had difficulties [...]. (G1. Sword)

According to the participants, among the advantages of the multiplication logic is confirmed in particular on the process of decentralization, including increased autonomy for training by municipalities and the consequent expansion of the supply of TRD services. In this context, the training of municipal executives / advisors from a regional perspective widens, facilitating the organization of care networks, exchanges of experience and collaborative work.

[...] It is very valid because the state gives autonomy to the municipality. This is very good not only for professionals but mainly for the patient. The rapid test gives freedom so that we may be speeding up this process: A hit was positive, ok! So, I have to create a stream ... if it is positive, what do I do? [...] (G2. Hake)

In this respect, it is worth noting the speech of the multiplier / coordinator who participated in the largest number of workshops in the region, (4):

[...] On Wednesday we will make another group, and I will be 100% of PSF with training. It is the first city that will have it. Decentralize the tests for the basic units is in line with the issue of Stork Network [...]. (G1. Merlucius)

However, it is noticed that despite all the support for the concept of multiplication associated with the impression of good training received in multipliers workshop, participants reported difficulties in the practice of regional proliferation with great emphasis, which may explain the low number of workshops held in the period of 01 years. Among them, there are highlighted more micro aspects of the profile and professional/personal availability of multipliers.

[...] The multipliers have released difficulties in their municipality because it is difficult to say that you go there for each other municipality that is not yours, to multiply. Lack understanding of leadership that someone from another municipality is also training (multiply) the city it [...]. (G2. Mullet)

Addressing especially the decentralization of the application of TRD / HIV, a multiplier, and a coordinator considered the fact that, beyond the need for a greater number of executors / advisors, there is the issue of lack of organization and structure of the municipal units for conducting the TRD:

[...] there is nothing much to decentralize because the units do not have a refrigerator to receive the test [...]. (G1. Stingray)

[...] Despite the training, we still do not have the rapid test in the decentralized units [...]. (G2. Mullet)

In this sense, there were also references to the fact that it is common for executors / advisors losing interest in participating in regional workshops, before the difficulties of municipal and professional devaluation:

[...] He is not interested: I was there three days, and nobody gave me a chance to develop it within my work, my unit, or to go to another unit to develop it there. (G2. Moray)

[...] We so far only made one... until there was demand, but I said: No, we need to empower yes, but I need to ensure that these people are running the test [...] it
enables a lot of people and the execution time are few people who perform it. (G2. Lobster)

DISCUSSION

The Health Continuing Education (EPS) is the subject of processing the work process, aimed at improving the quality of services and equity in care and access to health services. Therefore, there is the reflection of what is happening in the service and what needs to be transformed. In summary, the EPS is understood as “education at work, for work and to work in the various services to improve people’s health”.9

The health education is a process that requires conceptual, behavioral and instrumental changes, where quality and impact are in direct relation to the adequacy of pedagogy and methodologies adopted, which should consider the complexity of health actions and the need for holistic and interdisciplinary approaches. The actions underlying this premise invest resources and efforts, aiming at improvement of educational processes used.10

The low visibility of the ongoing municipal information can be analyzed from the perspective that the EPS initiatives do not bring quantifiable results in the short term, particularly on productivity and service efficiency, pointing to the need to build nature of appraisal standards qualitative and include the enhancement of health workers.11

In this sense, professionals working in the health sector play a dual educational role: by the population using the units with health teams, and both educational processes are mediators and facilitators of learning, which are both the education process in health and education in the workplace.12

The approach of counseling is originated in the humanistic tradition, and it is to promote a reflection on the ways in which individuals produce meanings in the context of AIDS and represent themselves, others and their relationships, as part of the context in which they live.13 The path of this reflection toward the evaluation of strategies at their risk and adoption of safer practices is not aimed a priori by the advisor or done singly by the subject. It is through the mediation advisor, in a process of partnership that the conditions for overcoming and expansion of a given perception of their condition occur.14

By analyzing the field of health technologies, it is considered always unprecedented and artisanal dimension of both doings “health work is centered on live work in action permanently, rather like the work in education”.15

CONCLUSION

The strategy of the formation of regional multipliers still requires further investigation. The requirement for the development and expansion of new technologies, in particular, the inclusion of counseling actions at different levels of public health organizations, coupled with the expansion of HIV testing implies the consequent increase of qualification of teams for the performance of new tasks.

The support team at the STD/AIDS State Program provides adequate technical support for the expansion of activities, including enabling all the material, which ensures the standard of discussions and avoids multiplying the time of the occupation in the development of teaching strategies. It can be observed integration, trust and collaborative work especially of the group of STD coordinators facing the difficulties of regional proliferation.

On one hand, it is necessary to invest in the expansion of the training of these professionals, articulating the various municipal experiences in EPS. On the other hand, in the region, one offering workshop and training of 17 regional multipliers seems to have been lower than expected impact on increasing the supply of rapid testing services in the municipal health services.

It is worth noting that the lack of political support from municipal managers associated with the removal of personnel designated for training as multipliers or multipliers’ disinterest formed to participate in the workshops, makes the same small group assume the burden of most of the formations in the region.

When discussing the training and practice of multipliers, a contradiction can be seen from the participants: the coordinators ask for a greater number of multipliers, but there are few and difficult expansion conditions testing in the various municipal units. Some even question the effectiveness of such training on a lack of framework conditions for the decentralization of the TRD to the units.

In this scenario, the qualification of multipliers teams becomes a minor issue, given the difficulties in moving the decentralization process. Thus, it is highlighted the need for coordination of services about local strategies population service assurance as to claims surrounding HIV, AIDS, and/or STDs.
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