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CASE REPORT ARTICLE

EXPERIENCE THE REALITY OF A FAMILY HEALTH STRATEGY: CONTRIBUTION FOR TRAINING

VIVENCIAR A REALIDADE DE UMA ESTRATÉGIA DE SAÚDE DA FAMÍLIA: CONTRIBUIÇÃO PARA A FORMAÇÃO

VIVIR LA REALIDAD DE UNA ESTRATEGIA DE SALUD DE LA FAMILIA: CONTRIBUCIÓN PARA LA FORMACIÓN

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RESUMO

Objetivo: descrever a experiência vivenciada por estudantes do curso de enfermagem a partir da inserção destes em atividades práticas do componente curricular “Enfermagem em Saúde Coletiva”. **Método:** estudo descritivo, tipo relato de experiência, elaborado a partir de vivências de acadêmicos de Enfermagem, durante as atividades práticas e inserção em Estratégia Saúde da Família. **Resultados:** os estudantes foram desafiados a conviver com a comunidade e os profissionais de saúde da Estratégia Saúde da Família, oportunidade muito rica, para relacionar a teoria com a prática, o que culminou na interação com a realidade social da comunidade e o desenvolvimento de habilidades e raciocínio clínico voltados ao bem-estar e ao cuidado integral. **Conclusão:** denota-se a importância da vivência em campo de prática durante a formação acadêmica, o que contribui para o crescimento pessoal e profissional, por meio da interação entre pessoas, tomada de decisões e conhecimento da realidade da comunidade. **Descritores:** Enfermagem em Saúde Comunitária; Aprendizagem; Saúde da Família.

ABSTRACT

Objective: to describe the experience of nursing students of their insertion in practical activities of the curricular component "Collective Health Nursing". **Method:** descriptive study of the type case report, drawn from the experiences of nursing students during practices and integration into activities of the Family Health Strategy. **Results:** students were challenged to interact with the community and health professionals of the Family Health Strategy. This was a very rich opportunity to link theory with practice. This experience led to interaction with the social reality of the community and the development of skills and clinical reasoning aimed at well-being and integral care. **Conclusion:** the importance of practical experience during academic training was evident, because this contributes to personal and professional growth, through the interaction between people, decision-making process, and knowledge about the reality of the community. **Descriptors:** Community Health Nursing; Learning; Family Health.

RESUMEN

Objetivo: describir la experiencia vivida por estudiantes del curso de enfermería a partir de la inserción de estos en actividades prácticas del componente curricular “Enfermería en Salud Colectiva”. **Método:** estudio descriptivo, tipo relato de experiencia, elaborado a partir de vivencias de académicos de Enfermería, durante las actividades prácticas e inserción en Estrategia Salud de la Familia. **Resultados:** los estudiantes fueron desafiados a convivir con la comunidad y los profesionales de salud de la Estrategia Salud de la Familia, oportunidad muy rica, para relacionar la teoría con la práctica, lo que culminó en la interacción con la realidad social de la comunidad y el desarrollo de habilidades y raciocinio clínico dirigido al bienestar y al cuidado integral. **Conclusión:** se ve la importancia de la vivencia en campo de práctica durante la formación académica, lo que contribuye para el crecimiento personal y profesional, por medio de la interacción entre personas, tomada de decisiones y conocimiento de la realidad de la comunidad. **Descriptors:** Enfermería en Salud Comunitaria; Aprendizaje; Salud de la Familia.

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INTRODUCTION

In contemporary times, there is a need for investing in the academic training of health professionals in order to prepare them to offer a full and integrated healthcare network to subjects, with a holistic perspective, working in a multidisciplinary team in order to ensure the right to health.¹ The collective construction of the various actors among them users, workers, students, social movements and managers is the purpose of the Primary Health Care (PHC), considered the preferred gateway to the Unified Health System (SUS).²

Noteworthy is the progress that led the Primary Health Care to be understood as the preferred and coordinator gateway for care. This began with the Declaration of Alma Ata³ (1978), which transformed the idea of the care focused on the disease into a look at the human being in a full and universal manner. In Brazil, discussions and reflections on the creation and deployment of SUS took place during the 1980s and 1990s in the light of the ideas of the Declaration of Alma Ata³. Through this movement, it was possible to build ideals of attention converging toward the service and care aimed at people in a full manner and with look at the constituent variables of the human being. This new look takes into account social, economic, mental, environmental, religious and pathological issues such as the importance for the development of care factors.

The Family Health Strategy (FHS) established in mid-1990 in Brazil must be the gateway and the coordinator of care provided by the care network.⁴ Therefore, the FHS is a field that offer undergraduate and postgraduate students the experience of the daily life of professionals and users accessing the system. It is essential the student to understand this process, through which the FHS provide access to the various levels of care.

The problematization of theories learned and experiences in practical fields are important for intellectual growth, as well as life growth, and one's personality.⁵ It is through the educational method applied to education that everyone can build experiences from a thorough study of the theory and related to daily practice of the reality of a FHS. The FHS allows the reorientation of the model of care, through teamwork, consisting of doctor, nurse, nursing technician, dentist, dental agents and community health workers.⁶

Activities related to the coordination of the unit, assessment of patients, management of

people in the service, contribution to service conditions and referrals to specialists when necessary are all responsibilities of the nurse.⁷ In this sense, nurses need to have knowledge and practice, to account for the demands of everyday life. The link between theory and practice is essential for the consolidation of nursing education, in order to contribute to increase the visibility of the nurse and the social environment that surrounds him.⁸

To experience and relate the theory learned in the classroom is essential to the nursing education process. This time to learn how to leave prejudice and build new knowledge focused on assistance, decision making, team discussions and epidemiological health planning are fundamental.⁹

OBJECTIVE

- To describe the experience of nursing students enrolling into practical activities of the curricular component Collective Health Nursing.

METHODOLOGY

This is a descriptive study of the type case report from the curricular component "Practical Nursing and Public Health" developed by nursing students of the Regional University of Northwestern of Rio Grande do Sul State (UNIJUÍ) in a FHS supervised by a teaching nurse.

The practice was developed in a FHS located in a municipality in the Northwest region of Rio Grande do Sul in the first half of 2015. Actions were planned and carried out aiming to understand the process of collective and individual care in the FHS. A population of approximately 4,500 people is registered in the area of operation of the FHS in which the curricular practice was held.

The activities were developed with a workload of 150 hours of activities divided into 75 hours of theoretical activities in the classroom and 75 hours of field practice. Field and classroom activities were alternated throughout the course. Twenty-four students participated in curricular activities. These were divided into four groups consisting of two groups of seven students and two groups with five students. With this number of students per group, it was possible to develop the skills and competencies of nurses and the relationship of theory and practice aiming to awaken the student to an ethical, critical and reflective view of the context experienced.

DESCRIPTION OF THE EXPERIENCE

The activities began with the observation of the reality of the FHS followed by the involvement of students in assistance to users assisted by that specific health facility, whether scheduled or who sought the service spontaneously. Population accesses the unit, in the various lifecycles, through the demand for health care, establishing a relationship with the health team and ensuring continuity of care to the individual, family and community.¹⁰

This experience was essential for students; the reception of users looking for the basic unit for various forms of care, subject to the agenda set for service, but also of users who search the service for solutions and answers to their personal and family ills. The reception is a way of work able to understand the human being in his integrity and has the role of create links between people, not limited to receive the patient, but involving a sequence of acts and routines that are part of the work of health professionals.¹¹

The context of practice promotes interaction between the teacher, students and the health team in order to add value for them, the users and the health service. The goals set by the experience in the FHS are due to practices focused on the development of clinical reasoning, the assistance, the technique used to the various procedures performed, home care, home visits, discussions and interaction with the staff of clinical cases, interaction with the community, knowledge of variables and social phenomena, policies and programs that help to carry out the inherent FHS activities.

The activities converged to comprehensive care of people with focus on the humanization of care, as well as the managerial actions of nurses and the development of clinical reasoning. Since the beginning of the nursing course, stimuli was directed to think and take care of the subject thoroughly, and in the practice, sometimes, is necessary to centralize actions in the development of health promotion, prevention and rehabilitation, requiring sometimes decrease the attention given to the treatment and the focus on the pathology. The concept of health goes beyond the illness or the absence of disease as a characteristic of plain health, but it is about health discussions and actions of education, culture, religion and society in order to pay attention to various social mechanisms that involve the human being, that is, health should be understood as a dynamic, multifaceted and social process.¹²

From the perspective of health with social variables to be observed, the group of students developed their activities according to the social phenomenology presented and represented by social actors constituent of the reality of the community. These actors were users ascribed to FHS, along with the team of health professionals.

The professional engaged in social and health transformation must understand the social dynamic, who are the agents constituents of reality and the reality that presents the vision of who observes it, that is, the reality must be considered as a power in the planning of health activities and individual treatment.¹³ He must make a moment of reflection based on this abstraction of reality, aiming at better ways of action in conjunction with the community and transfer the knowledge thought into practical action according to social needs.

According to the social evidence, students threshed and conducted their activities after observation and immersion in the local reality, understanding human needs in the field of health, economy, education, leisure, religion and culture. With this interaction, it was possible to identify through prior knowledge how to contribute to the comprehensive care. The time of integration of students in the service develops the professional sense figuratively and develops technical and human skills that will aid to the future profession through knowledge on the local reality and the relationship with the theory taught in the course of the semester.¹⁴

Among the activities carried out in practice to know the reality of the community enrolled the FHS, the division of the territory and the organization of professional and health services were essential. On this occasion, the community health agent (CHA) comes into scene. This promotes the proximity between families and the FHS and its social role is important to the continuity of plans of care because this follows closely the health development of the family through home visits (HV).¹⁵

Home visits jointly conducted with home care (HC) were performed by the students during practice. The HC and HV can be defined in the context of SUS as a replacement or supplement care modality characterized as a set of actions of promotion, prevention, rehabilitation and treatment performed at home.¹⁶ The visits allow to effectuate a link between the unit and the family because families feel assisted by the health staff, strengthening the link between health professionals and families.

This practice firmly settles the idea of link and support of the health unit to the needs of individuals, due to the fact that the HV meets the needs in a complementar manner. The effectiveness of the attention is focused on the understanding of individuals, of each family and people inserted in the social context, with particularities and specificities.

The FHS health team performs the follow up of the health people in individual and family basis over time in an attempt of developing plans of preventive care for diseases that will be faced by people and families within their community context. This fact was evident during the practice of students. Importantly, the family may not be prepared to provide care to the subject, confirming the need for the team to account for the continuity of care.¹⁷

Discussions of clinical cases were performed with the health team according to policies of access to SUS and by tracing goals and conducts for the solvability of the clinic demands of patients ascribed to the unit. The interdisciplinary approach is crucial for discussion within the health team because this allows the creation of a model of integration between the various areas of knowledge by professionals involved in the provision of assistance according to the needs presented by individuals in the community.¹⁸

Chronic Noncommunicable Diseases (NCDs) are among the needs. These have a significant and growing demand for care, because they are illnesses that require professional training and observation in its evolution.¹⁹ Therefore, it is important to develop educational tools able to provide means for the population prevent such diseases, and the presence of health professionals is important in monitoring the affected people and following individuals who have family and genetic history predisposition for NCDs.²⁰

We can infer that the realization of some technical procedures such as dressings, checking vital signs and medication administration are moments of warmth and moments of creating links between the AB and the subject that accesses the health unit. It is in these moments that health education, interaction and connection between the health professionals and individuals take place.

Among the activities observed and performed were the evaluation of vaccination card and vaccination schedule, application of seasonal flu vaccine, intramuscular and oral application of medications, and current moments of direct professional action with the person seeking the service, so it is at this

point that the professional should be aware of patient safety. The positive culture of patient safety favors the improvement of safe practices through improvements in communication, teamwork and sharing of knowledge.²¹ This promotes qualification of the professional with respect to care issues with the application, dose and correct route of vaccines and observation and reporting of adverse events.

The assessment of the general health of people was performed according to recurrent conducts of the FHS. Care should be imparted to the individual seeking the service, and this act shows the commitment of the professional toward the treatment and the care plan that will be drawn.²² Therefore, this makes the practice to focus on critical knowledge about procedures and their technical purpose for the development of rehabilitation and healing demand presented to the service of the basic unit.

Several situations were identified through home and therapeutic listening visits that could not receive support from the FHS alone. The existence of NASF team (Care Center for Family Health) made it possible to share these experiences and referrals to this service made possible to intervene consistently and ethically within the family, in which the question pervaded difficulties. The NASF uses a matricial strategy to develop discussions and solving problems along with teams of Family Health, as demanded at the ESF.²³

It is important to highlight that we had the opportunity to build the genogram and eco-map of households with the intention of recognizing the familiar training and for learning family links, culture and family historicity. These instruments are tools that help through the interactive design to systematize, synthesize and give visibility to family arrangements and networks for the care woven throughout the processo of illness.²⁴ This provides to the health team a historiography of the families enrolled in the basic health unit.

Nursing consultation (NC) and health education were essential to academic growth. It is through these actions that nursing is increasingly consolidated as a profession supported by scientific evidence. Through the use of NC it is possible to act therapeutically, to observe, to listen, and to understand non-verbal communication. Such actions develop into strategies that lead to improved quality of life.²⁵ Therefore, NC and health education are fundamental to the development of the guidelines on positive behaviors for improving personal and family well-being.

The Systematization of Nursing Care aimed to interact with the person in the different dimensions of the human constitution. This process can be defined as a dynamic, flexible method, organized and used in nursing practice in order to collect physical, social and mental data of the patient.²⁶ This way, the care plan and goals for a balanced health as required for each person are build up. The Systematization of Nursing Care allows the assessment of the process applied during all conducts performed with the patient.

The Theory of Basic Human Needs Wanda Aguiar Horta was incorporated while performing the SAE with the purpose to broaden the discussion and resolution of problems presented to undergraduate students. Thus, it became clear that the constitution of the human person does not come only from the biological question, but permeates many human, economic, cultural, social and religious frontiers.²⁷ The holistic view of care for people who seek the FHS is crucial to completion of a care plan grounded in their reality and in the reality of the community.

The changes in the paradigms regarding care models were experienced in this ESF, that is, the change of the model focused on the disease to the comprehensive care, which shows profound changes in thinking directed to the care of the human being. Public policies of SUS recommend actions directed to the integral care of the individual with the contextualization of the subject, family and professionals in the construction of an area of production and social reproduction.²⁸ This new look at the subject includes the development of autonomy and co-responsibility for care plans and contributes to the integral care, respecting social, individual, family and community variables.

FINAL CONSIDERATIONS

The development of theory along with practical activities aims to transform reality, both the people and the institutions in which activities related to health and other fields of knowledge are developed. Therefore, it is essential to know in order to learn theoretical bases guided on scientific evidence in order to transmit knowledge, favoring the social transformation of the community where the FHS is located.

This case report has in its considerations the development of critical thinking, clinical reasoning, the construction of new paradigms around the focus on the person and not just the disease, the interaction with the staff and

the FHS community. Therefore, the role of field practice in triggering innovations is clear, through the nursing process, combined with knowing the community's realities. Thus the student could set goals and objectives for the social welfare of people ascribed at the basic unit.

Practice shows that interaction and discussion are important for the students, teachers and the health staff. Accordingly, the health service is a place of academic, professional and personal growth for all people involved in teaching and service process, backed by the construction of knowledge, so that each one carries his history and knowledge.

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