



DOMAINS AND COMPETENCIES OF THE COLLABORATIVE INTERPROFESSIONAL PRACTICE IN PRIMARY HEALTH CARE TEAMS

DOMÍNIOS E COMPETÊNCIAS DA PRÁTICA INTERPROFISSIONAL COLABORATIVA NAS EQUIPES DA ATENÇÃO PRIMÁRIA À SAÚDE

DOMINIOS Y COMPETENCIAS DE LA PRÁCTICA INTERPROFESIONAL COLABORATIVA EN LOS EQUIPOS DE ATENCIÓN PRIMARIA A LA SALUD

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ABSTRACT

Objective: to analyze the domains and competences of Collaborative Inter-professional Health Practice in the work process of the Family Health Strategy teams and the Family Health Support Center. **Method:** an exploratory, descriptive, qualitative approach. Participants will be professionals in the Family Health Strategy Team and the Family Health Support Center in the city of Maringá (PR), Brazil. The production of data will begin with the "Photovoice" technique, followed by the realization of a Focal Group. The data produced will be organized by Live Iramuteq® software, submitted to Lexical Analysis and discussed in the light of Freire's Dialogical Theory. The project is approved by the Research Ethics Committee of the State University of Maringá, CAAE 63610916.1.0000.0104. **Expected results:** to contribute to the understanding of how the teams working in Primary Health Care organize their work process based on domains and competence for Collaborative Inter-professional Health Practice. **Descriptors:** Interprofessional Relations; Cooperative Behavior; Communication; Primary Health Care.

RESUMO

Objetivo: analisar os domínios e competências da Prática Interprofissional Colaborativa em Saúde no processo de trabalho das equipes de Estratégia Saúde da Família e Núcleo de Apoio à Saúde da Família. **Método:** estudo exploratório, descritivo, de abordagem qualitativa. Os participantes serão profissionais nas equipes de Estratégia Saúde da Família e de Núcleo de Apoio à Saúde da Família do município de Maringá (PR), Brasil. A produção de dados iniciará pela técnica "Photovoice", seguida da realização de Grupo Focal. Os dados produzidos serão organizados pelo software Live Iramuteq®, submetidos à Análise Lexical e discutidos à luz da Teoria Dialógica de Freire. O projeto possui aprovação do Comitê de Ética em Pesquisa Envolvendo Humanos da Universidade Estadual de Maringá, CAAE 63610916.1.0000.0104. **Resultados esperados:** contribuir na compreensão de como as equipes atuantes na Atenção Primária à Saúde organizam seu processo de trabalho pautado em domínios e competência para uma Prática Interprofissional Colaborativa em Saúde. **Descritores:** Relações Interprofissionais; Comportamento Cooperativo; Comunicação; Atenção Primária à Saúde.

RESUMEN

Objetivo: analizar los dominios y competencias de la Práctica Interprofesional Colaborativa en Salud en el proceso de trabajo de los equipos de Estrategia de Salud de Familiar y Centro de Apoyo a la Salud de la Familia. **Método:** enfoque exploratorio, descriptivo, cualitativo. Los participantes serán los profesionales de los equipos de la Estrategia de Salud de la Familia y de Núcleo de Apoyo a la Salud de Familia del municipio de Maringá (PR), Brasil. La producción de los datos se iniciará por la técnica "Fotovoz", seguido de la realización de grupos focales. Los datos producidos serán organizados por el software Live Iramuteq® sometidos a un análisis léxico y discutido a la luz de la Teoría Dialógica de Freire. El proyecto tiene la aprobación del Comité de Ética en Investigación involucrando Humana de la Universidad Estadual de Matingá, CAAE 63610916.1.0000.0104. **Resultados esperados:** contribuir en la comprensión de cómo los equipos que trabajan en Atención Primaria de Salud organizan su proceso de trabajo basado en dominios y competencias para la Salud. **Descritores:** Relaciones Interprofesionales; Conducta Cooperativa; Comunicación; Atención Primaria de Salud.

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INTRODUCTION

The current Brazilian health care model proposes that, in addition to epidemiological aspects, it is necessary to understand that health and illness form a continuum, in which economic and socio-cultural aspects, personal experience and lifestyles of the human being are related. This complexity should be the focus of health care and guiding of the integrality and effectiveness of care by health teams.¹

Thus, dealing with the complex demands of health care and with the individuality of each human being is not only possible with one-on-one attention, but, with different health professionals collaborating interprofessionally.²

Collaboration and interaction among professionals of different backgrounds can be achieved through Collaborative Inter-professional Health Practice (CIHP), defined as a partnership between a team of health professionals from different fields of knowledge and a client, in participatory, collaborative and coordinated decision-making around health and social problems, with its reach being made possible through domains and competencies.³⁻⁴

Highlighting the importance of this practice, the Canadian Inter-professional Health Collaborative (CIHC) study group, which studies the CIHC, through the National Inter-professional Competency Framework (2010), established six key areas and competencies for reaching the CIHC, which highlight the knowledge, skills, attitudes and values that shape the essential decisions for the practice of collaboration among different professionals. The domains and competences are: inter-professional communication; care centered on the patient, client, family and community; clarification of professional roles; dynamics of team functioning; resolution of inter-professional conflicts and collaborative Leadership.^{3,5}

In the context of teamwork and the national public health scenario, it is known that Brazil has, as its health system, the Unified Health System (UHS), which has PHC as a coordination space for the care of the Health Care Network (HCN) and the Family Health Strategy (FHS) as a priority tactic for its organization. Also, to better reach the FHT, we have the Family Health Support Centers (FHSC), which were implemented as resources aimed at reorienting the care model. This organization is based on interdisciplinary and team work, in accordance with UHS precepts. This implies

teamwork processes that should focus on the effectiveness of integrality and articulation of health promotion actions.⁶⁻⁷

Faced with this scenario of performance in teams in the PHC, a CIHC-based approach is identified worldwide as successful in the prevention and management of mental and chronic diseases and in better and more effective collaborative team work among health professionals⁸. However, in the Brazilian PHC scenario, this practice is still under construction, mainly, in professional training, through Inter-professional Education and in the work process of health teams, through Permanent Education.⁹

In the context of the CIHC and PHC in Brazil, it is evident that this practice is applicable in the work process of health team professionals, precisely because their organization, still in consolidation in Brazil, is done through FHS teams and their respective nuclei of support, which seek to reverse the assistance model, and increase the resoluteness and qualification of health care.⁹⁻¹¹

The FHSC model of support for the FHS is an attempt to gradually establish the logic of inter-professional collaboration in the work process between the teams. However, there are difficulties and challenges, especially organizational ones, that support shared work in PHC.¹²

Thus, little is known about the roles of collaboration in the work process of PHC health teams and the opinions of those involved, especially as regards the way forward in seeking inter-professional collaboration¹³. This condition, thus, demands the redefining of the roles of the various professionals involved in the PHC, as well as the scope of essential domains and competence for greater inter-professional collaboration.¹⁴ This reinforces the importance of seeking to improve this practice, while justifying the search for clarification of the processes for the achievement of each domain and competence for the CIHC.

Thus, in view of the lack of knowledge about the CIHC and the way in which its construction is carried out in relation to each domain and competence in the work process of the team CIHC has been built and signed in the scope of teamwork in the PHC, through the exhaustive approach in each domain and competence. In this way, this study assumes the following questions: What are the areas and competences of the CIHC in the work process of the FHS and FHSC teams? By what means do these domains and competencies

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materialize in the work process of the FHS and FHSC teams? What are the potentialities, weaknesses and challenges for the effective reach of CIHC fields and competencies in the work process of the FHS and FHSC teams? In this way, this research will have as objectives to analyze the domains and competences of the CIHC existing in the work process of the FHS and FHSC teams.

METHOD

This is a research proposal presented to the Graduate Program in Nursing at the State University of Nursing (SUN), at the master's level, in the Health Management line. A qualitative, field, exploratory level approach was outlined, with a descriptive interpretive character.

The study will be conducted in Basic Health Units (BHU), in the municipality of Maringá, located in the northwest of the State of Paraná-Brazil. It will target professionals who make up the Family Health Strategy (FHS) and Family Health Support Centers (FHSC) teams. The municipality has nine FHSC teams that support 74 existing FHS teams.

The study participants will be the professionals from the nine FHSCs operating in the municipality and nine FHS teams chosen by representativeness. Knowing that there are 74 FHS teams at the place of study, the choice of these teams that will compose the research will be intentional and by indication. Each of the nine FHSC teams will nominate an FHS team, in which, they knowingly, already develop actions and practices with their respective FHSC teams. This criterion will be given, therefore, there are very new FHS teams that did not develop activities or developed few actions with the FHSC teams, and thus, it would not be possible to contemplate the purpose of the study.

Thus, the inclusion criteria of the research participants will be: being a FHSC and FHS professional enrolled in the National Registry System of Health Establishments of the surveyed municipality; be in full exercise of the profession in 2017; being in FHSC and FHS during the data collection period. The exclusion criteria will be: not to be performing their duties in the FHSC and FHS in the period of data collection; be temporarily or permanently removed from their duties in the FHSC and FHS at the time of data collection. All professionals who are members of the FHSC in the municipality of Maringá-PR and the FHS team indicated and who meet the inclusion criteria will be invited to participate in the research.

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The data will be collected in two moments, using two techniques of data collection: "Photovoice" and the Focus Group.

The first moment will consist of the "Photovoice" technique, translated as "photo and voice", which is an example of a participatory and qualitative technique, in which the participants identify their experience and experiences related to a given topic, through photography, that is, of the image, and discuss it in a group, through the voice. It is a means of accessing the daily realities of the participants.¹⁵ This technique will follow all the recommended phases¹⁶ and it was chosen because it will allow to capture the perception and the initial approach with the subject of CIHC research and will enable the participants of the research to reflect and to dialogue on the subject on screen. The discussion of the photos will be carried out by means of reflective and descriptive questions about the images taken by the participants, such as: 1) What is the relation of the image with the interprofessional collaboration? 2) What feeling does the image convey on this theme?

For the second stage of data collection, the Focal Groups technique will be used. The Focus Group is a qualitative research technique, derived from group interviews, which collects information through communication and group interactions. It seeks to gather information through questions that can provide insight into perceptions, beliefs, attitudes about a theme, product, or service.¹⁷ The choice of this data collection technique was based on the objectives outlined in the research, and on the importance of generating interactions between the FHS and FHSC teams, to unveil the domains and skills traced and achieved together for a collaborative practice among professionals.

The instrument for collecting data will be a road map of triggering issues, developed by the researcher, which will subsidize the focus group discussions. The questionnaire will be adapted by judges with experience in the area, and will be submitted to a pilot focus group, in order to guarantee methodological rigor.

The data will be organized with the support of the Live Iramuteq® Qualitative Analysis Software (Interface for Multidimensional Analyzes of Texts and Questionnaires), version 0.7 alpha 2. Iramuteq® has several types of organization for textual analysis, the "Word Cloud" was chosen to be used for the data processing of this study. In the "Word Cloud", the grouping and organization of the words

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will occur graphically, according to their frequency, facilitating their identification, through a single file, entitled "corpus", which gathers the texts originated in the data collection.¹⁸

After organization, the data will be analyzed through Lexical Analysis. In this analysis, the vocabulary will be identified and quantified in relation to the frequency and, in some cases, also in relation to its position in the text, that is, it will be submitted to statistical calculations for later interpretation, being one of the differences of the content analysis, in the which the researcher will interpret and then systematize it.

In order to conduct the discussion of the findings, the reference of Freire's Dialogical Theory¹⁹, was chosen, centered on praxis and authentic dialogue, since it refers to the transformation of knowledge and practices permeated by dialogue.

All participants will receive the Free Informed Consent Term (FICT), and, after agreeing to participate in the research, will be asked to sign two copies, one for the participant and one for the researcher. The anonymity of the answers will be guaranteed, as well as all the other ethical precepts guided by Resolution 466/2012 of the National Health Council.²⁰

This research proposal was submitted to the Committee for Ethics in Research Involving Humans of the State University of Maringá (COPEP) and had a favorable opinion (CAAE: 63610916.1.0000.0104).

EXPECTED RESULTS

Through the analysis of the domains and competences for a Collaborative Interprofessional Health Practice in the work process between the FHS and FHSC teams in the city of Maringá-Paraná-Brazil, it is expected to know how the teams working in Primary Health Care organize their work process based on a collaborative practice among professionals. It is hoped, therefore, to foster such domains and competencies of this health practice and its implementation by the actors involved in the process, especially, since it is a proposal that is consistent with the one advocated by the national health system in Primary Health Care.

Also, it is expected that this will allow collaborating with the municipal management, through the initial situational diagnosis that this work will carry out in front of the CIHC theme, providing, for a greater knowledge of the reality, the potentialities,

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challenges and fragilities of this practice, and allowing such investigations to replicate in other regions health services.

It is also believed that the findings of the study will contribute to the filling of gaps in scientific publications regarding the exhaustive exploration of the domains and competences to reach the joint work process of the FHS and FHSC teams based on the CIHC. There are publications that cover this approach, especially, in the national context.

The scientific character of the research will be given by the dissemination of the results in the form of articles published in indexed journals and by the presentation in events of the health area.

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