



TEACHING NURSING CONSULTATION AND HOME VISIT - EXPERIENCE REPORT ENSEÑANDO ENSINANDO CONSULTA DE ENFERMAGEM E VISITA DOMICILIAR - RELATO DE EXPERIÊNCIA

CONSULTA DE ENFERMERÍA Y VISITA DOMICILIARIA - REPORTE DE EXPERIENCIA

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ABSTRACT

Objective: to report the experience of professors and students of the Nursing Graduation course of the University of Santa Catarina in the process of learning nursing consultation and home visit. **Method:** experience report. An active methodology was used, with undergraduate students of the discipline *Human Living Process I*, in the years 2010 and 2011. Professors had previously reflected on ways of enabling collective discussions and action strategies for effective student participation. The topics: nursing consultation, home visit and humanization were organized in such a manner as to be taught simultaneously, in order to promote critical reflexive thinking and the immersion of participants in the topic approached. **Results:** students used tools such as planning, organization and comprehension of the use of nursing consultation and home visit. **Conclusion:** students were encouraged to think critically and to reflect about aspects of home visit and nursing consultation. **Descriptors:** Education; Nursing; Human Resources in Health.

RESUMO

Objetivo: descrever a experiência de docentes e discentes do Curso de Graduação em Enfermagem da Universidade Federal de Santa Catarina no aprendizado da consulta de enfermagem e visita domiciliar. **Método:** relato de experiência, aplicando uma metodologia ativa, com acadêmicos da disciplina de Processo de Viver Humano I, nos anos de 2010 e 2011. Docentes refletiram previamente sobre como possibilitar a discussão coletiva e elaboração de estratégias de ação para a efetiva participação dos alunos. Os assuntos: consulta de enfermagem, visita domiciliar e humanização foram organizados de modo a ser ministrados no mesmo momento, para promover a imersão dos participantes na temática abordada e o pensamento crítico-reflexivo. **Resultados:** os acadêmicos utilizaram ferramentas como o planejamento, organização e compreensão da utilização da consulta de enfermagem e da visita domiciliar. **Conclusão:** os acadêmicos foram motivado a exercitar a crítica e a reflexão sobre aspectos da visita domiciliar e da consulta de enfermagem. **Descritores:** Educação; Enfermagem; Recursos Humanos em Saúde.

RESUMEN

Objetivo: reportar la experiencia de profesores y estudiantes del Curso de Graduación en Enfermería de la Universidad Federal de Santa Catarina en el aprendizaje de la consulta de enfermería y visita domiciliar. **Método:** reporte de experiencia. Se aplicó una metodología activa, con estudiantes de la asignatura de Proceso del Vivir Humano I, en los años de 2010 y 2011. Los profesores reflexionaron previamente sobre cómo posibilitar la discusión colectiva y la elaboración de estrategias de acción para la efectiva participación de los alumnos. Los temas: consulta de enfermería, visita domiciliar y humanización fueron organizados de tal manera que permitiera abordarlos simultáneamente, para promover el pensamiento crítico y reflexivo, y la inmersión de los participantes en la temática abordada. **Resultados:** los estudiantes utilizaron herramientas como planificación, organización y comprensión de la utilización de la consulta de enfermería y de la visita domiciliar. **Conclusión:** los estudiantes fueron motivados a ejercitar la crítica y la reflexión sobre aspectos de la visita domiciliar y de la consulta de enfermería. **Descriptor:** Educación; Enfermería; Recursos Humanos en Salud.

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INTRODUCTION

During their training process, students experience difficulties in their approach to professional doing that vary from their first insertion into the academic world till their first experiences with health practices. They face technical, social, cultural and personal limitations.

Traditional teaching-learning methodologies are still widely used in the formation of health professionals. These educational models, which Paulo Freire named *banking education*, are characterized by the transfer of knowledge from the teacher to the student, the overestimation of technical training and the dissociation between theoretical knowledge (received passively by the student) and the social context in which he is inserted.^{1,2} Teaching methodologies of nursing graduation courses are being reconsidered ever since.

Students experience intense changes during the undergraduate period. Thus, they need space for the exchange of experiences and the construction of the learning process, in order to acquire the necessary skills and competencies for their profession, and to become more humane, critical and reflective professionals.

It is possible to say that there have been advances and changes in health care training and in the attitude of professionals toward health care users. This is due to the current educational policy for performance in the context of health, which has developed pedagogical projects that aim at forming professionals with skills and competencies to act according to the ideals of the Unified Health System.³

The Curriculum Directives for undergraduate courses in Nursing (Ministry of Education (Brazil)) include these paradigmatic changes by requesting innovation and quality in the political pedagogical project, and by determining that universities should promote the synergy among education, research and care.⁴

These directives suggest investments in teaching strategies that encourage the student to reflect about society, transforming his context. In order to do so, it is important to adopt pedagogical concepts that bring theory closer to practice and problematize everyday situations of nursing work.⁵⁻⁷

Due to all of these factors, professors of the Nursing Graduation course of the Federal University of Santa Catarina teaching the discipline *Human Living Process I* perceived

the need for students to have a space for the exchange of experiences and construction of the knowledge process, in order to gain skills for the conduct of nursing consultation and home visit. With the aim of minimizing anxieties and facilitating coping with this new phase, the professors created a space for the construction of knowledge.

The creation of this space is intended to provide perspectives that help students understand their paths as future health professionals. It encourages students to develop logical thinking by promoting a storm of ideas. Moreover, we aimed at evaluating their Nursing skills and potentials through reading, dialogue, creativity and sensibility during the display of early experiences for the continuous process of personal and group maturing in humanized care in the context of health care practice, nursing consultation and home visit.

The objective of this study is:

- To report the experience of professors and students of the Nursing Graduation course of the University of Santa Catarina in the process of learning nursing consultation and home visit.

METHODS

Descriptive, experience report study. An active methodology was used, with undergraduate students of the discipline *Human Living Process I*, in the years 2010 and 2011. Professors had previously reflected on ways of enabling collective discussions and action strategies for effective student participation. The topics: nursing consultation, home visit and humanization were organized in such a manner as to be taught simultaneously, in order to allow for the immersion of participants in the topic approached, and to promote critical reflexive thinking so as to change the practice and provide humanized care through nursing consultation and home visit. All the students signed an Informed Consent Form. This methodology was used during four consecutive semesters: from 2010-1 to 2011-2.

The class was divided into four parts. In the first part, after the presentation of the topic and the dynamic, each participant chose a favorite candy from a box with several options. Next, they had to give the candy to the person sitting beside them. Then they were asked about the feelings and reactions caused by the compulsory exchange of candies, and what this could represent in the context of a nursing consultation and home visit.

In the second part, students were divided into three subgroups: group one was responsible for the topic Humanization; group two, for Nursing Consultation; and group three, for Home Visit. The groups created a role-play simulating a nursing consultation and a home visit. The group responsible for the topic humanization had to point out flaws in humanization perceived in the dramatization of the other two groups, and make suggestions on how to avoid them. Scientific articles on the topics approached had been previously sent to the students, as a theoretical subsidy for guiding the debate.

In the third part, Groups 1 and 2 performed a role-play on the topics Nursing consultation and home visit, respectively. Both groups had 30 minutes time to perform and their topics should be based on humanization. Group 3 critically evaluated the performance of each of the two groups, trying to reflect about the humanization policy and its relation to humanized nursing consultation and home visit, according to the articles read.

In the fourth part, the topic was discussed among students and professors. Students were asked to identify the role of the nurse in this process and to provide solutions to the most common problems of home visit and nursing consultation. At the end of the period, a methodological evaluation was conducted and the main questions about the topic were retrieved.

RESULTS AND DISCUSSION

A basic principle of the active methodology is autonomy,³ the ability to govern oneself, which already gives the student an active role in the process of learning. It is procedural, and “emphasizes critique, discussion and exchange of knowledge, rather than the pure description of concepts”.⁸ Knowledge is constructed collectively, based on real situations or on the simulation of these situations. In the methodology used, students were able to experience group relations as an instrument for collective learning and experience exchange. It involved not only the acquisition of information or theoretical elaborations, but also the possibility of revising and creating new ways of thinking, and demonstrating what had been learnt, as well as their knowledge and expectations in relation to health practices.⁹

The first group presented a dramatization, aiming at depicting an ideal nursing consultation, according to the views of undergraduate students in Nursing, and considering their personal and cultural

experiences, since they had no practical knowledge in nursing consultation.

The role-play was conducted in two moments. First, students used a Basic Health Unit as setting, explained the service to a puerperal client who was familiar with nursing consultation and had client-nurse integration. The client first had to fill in a service sheet. Then, she underwent a triage through the conduction of an anthropometric check. Finally, she was sent to the nursing consultation.

The client made questions about breastfeeding, healthy eating, baby care, and the nurse provided the necessary counseling, trying to teach the client how to manage her own care, according to her possibilities. In this dramatization, participants conducted a physical examination and re-scheduled a new referral appointment.

Another role-play depicted a nursing consultation of a client who was not familiar with the performance strategy of the nurse. At the reception, the client, who was seeking medical consultation, questioned why she had to consult with a nurse. The employee gave some explanations to the client and asked her to participate in the consultation. The triage was conducted after creating a bond of trust between the team of the Basic Unit and the client.

The nurse gave a warm reception to the client, explaining the importance of the consultation and surveying problems, in order to act in accordance with the user's health needs. The client, who was not familiar with the consultation, made short questions and was not very participative at the beginning of the consultation. However, as the bonds of trust had been established, and a connection between nurse and client had been created, a physical examination was conducted and counseling on feeding, baby care, breast care was provided.

Next, group 3 was asked about the dramatization. They made the following observations: similarities concerning the nurse-client contact in the two dramatizations; the lack of questioning by the professional about the reasons that led the client to stop breastfeeding. Positive aspects mentioned were: encouraging the client to participate in support groups; the need to manage her own care, in order to be able to conduct it at home.

The second group presented a dramatization about home visit. The settings used were a Basic Health Unit and a residence. The group started the performance by evaluating the needs of the community for

home visit care. After identifying which client would receive the visit, a survey of the problems was made through evaluation of her medical records.

According to the medical records, the patient had severe systemic arterial hypertension. A telephone contact was simulated, in order to schedule a consultation with the client, trying to find a suitable date and time for both sides. At the client's residence, they started an assessment of basic human needs, and examined personal and household habits. The assessment evidenced inappropriate life style and eating habits: the client was smoking and having a soda for breakfast. At this point, the visit is interrupted by a neighbor and her pregnant daughter. They had heard that the basic health unit professionals were conducting a home visit and wanted to seize the chance and get assistance too. It was necessary to keep the focus of the consultation. The other family received some counseling and was sent to the Basic Health Unit to receive appropriate care.

At the end of the presentation, group 3 expressed the following view: the step-by-step simulation (selecting the client, data from medical records, calling to schedule, traveling to the site) culminating in the visit shown by the group was very interesting. The group stressed the importance of checking the various rooms of the client's house and her living conditions. It was also important to keep the focus of the visit. However, they highlight the need for providing information and referring appropriately in case another family needs to receive home visit. For all groups, it became evident the importance and necessity of planning, organization, and continuity in the home visit process.

The professors noticed that the groups would bring their personal and cultural expectations, as well as their knowledge about health services to the presentations. Thus, they were able to identify the role of the nurse who aims at providing humanized health care to health services users through nursing consultation and home visit.¹⁰

CONCLUSION

The objectives of integration, socialization, exchange of experiences, and knowledge construction were reached in the study, through the socialization of knowledge and the reconstruction of existing knowledge. However, it is important to highlight that this was the first time that this teaching-learning strategy was used with students of phase four. Developing politicized, critical and reflective

subjects who are prepared to satisfy the population's health demands is a constant that permeates the work process of the professors in this study.

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Schoeller SD, Kuhnen AE, Amante LN et al.

Ensinando consulta de enfermagem e visita...

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Submission: 2013/11/30

Accepted: 2014/02/08

Publishing: 2014/03/01

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J Nurs UFPE on line., Recife, 8(3):775-9, Mar., 2014