

Intervention of multiprofessional health team: an experience in primary health care in Brazil

Abstract

Objective: To describe an experience report on the intervention of the multiprofessional residency team integrated in health in primary health care units.

Data synthesis: A multiprofessional team was inserted into a Family Health Strategy located in a neighborhood of Porto Alegre, RS, for a period of three months, in the year 2015. The team was composed of six professionals: nurse, physiotherapist, speech therapist, nutritionist, psychologist and pharmacist. The following activities were developed in the interdisciplinary field: situational diagnosis of the region, health promotion and prevention actions, home visits and insertion in pre-established governmental programs.

Conclusion: The inclusion of the multidisciplinary team in the primary health care units allowed the exchange of experience between professionals and the community, which favored the creation of links and health promotion strategies.

Keywords: primary health care, patient care team, health promotion, health education nurse, physiotherapist, speech therapist, nutritionist, psychologist, pharmacist

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Vanessa Souza Gigoski de Miranda, Katherine Flach, Camila da Cunha Niedermeyer, Micheli da Silva Tarnowski, Sara Oliveira Pinheiro Schuck, Bruna Melo Menezes, Alisia Helena Weis Pelegrini

Residence multiprofessional team, Federal University of Health Sciences of Porto Alegre, Brazil

Correspondence: Vanessa Souza Gigoski de Miranda, Residence multiprofessional team, Federal University of Health Sciences of Porto Alegre, Brazil, Tel 51-984646363, Fax 51-32595161, Email vanessa_gigoski@hotmail.com

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Abbreviations: UHS, unified health system; FHS, family health strategy; IBGE, Brazilian institute of geography and statistics; REMIS, integrated multiprofessional residency in health

Introduction

From a training in the modality *lato sensu* postgraduate to several professions in the health area, the Multiprofessional Health Residency provides a learning experience accompanied by professional activity in health care integrating teaching-service. This approach allows qualified professionals from different areas of knowledge to be available to meet the needs of the Unified Health System (UHS), in a scenario in which workers and users become protagonists of a process of health promotion through learning.¹ It is established from the National Commission of Multiprofessional Residency in Health,² which, in order to be characterized as multiprofessional, the residential programs contain at least three areas of health knowledge, which broadens and qualifies the capacity to attend to the needs of users and workers of UHS, with integrated practices of this knowledge in multi and interdisciplinary teams, preserving the essential technical peculiarities of each profession. In this direction, the programs of Multiprofessional Residency in Health not only constitute, but also strengthen in relation to the UHS, in order to meet its basic and guiding principles, which are universality, completeness and equity.³ The possibility of providing quality health services and actions to all users of the system, offering a wide range of trained professionals, taking into account the specifics of each group or person and including differentiated levels of complexity as well as social and regional disparities, makes residential programs essential for sustaining and consolidating UHS practices. The Federal University of Health Sciences of Porto Alegre (UFCSA), in partnership with the Santa Casa de Misericórdia Fraternity of Porto Alegre (ISCPA), set up the Integrated Multiprofessional Residency in Health (REMIS), which since 2012 organizes the program with an emphasis on

Therapy Intensive. In line with the guidelines established by the Ministries of Health and Education, the program establishes a period of performance of the residents in primary health care units (PHC) in the care teaching district of the institution that promotes the program. According to Santos, Stedile, Chaise and Masson (2014), the residency programs are characterized as services for the development of training processes that enable humanization, reception, accountability to the user, multiprofessional and integral actions, health services which prioritize the resolution and the production of projects in favor of autonomy in care.⁴ Through the National Policy of Basic Attention,⁵ the Family Health Strategy (FHS) was instituted aiming at expanding, qualifying and consolidating primary care, to reorient the work process in primary care, increasing the resolution and impact on the health situation of the users. In this way, the UFCSA resident team, joins the PHC units, following these principles and objectives, in order to contribute to the strategy, developing activities that guide the health team's care in the entirety of the patient. Thus, this study aims to describe the experience of professionals in a Multiprofessional Health Integrated Residency Program with an emphasis on Intensive Care in a family health unit.

Data synthesis

The experience was experienced by a postgraduate team of the Integrated Multiprofessional Residency in Health of the Federal University of Health Sciences of Porto Alegre in partnership with the Santa Casa de Misericórdia Brotherhood of Porto Alegre with emphasis on intensive care. The team was composed by a professional from each of the following areas: nursing, pharmacy, physiotherapy, speech therapy, nutrition and psychology. Residents were directed to a Family Health Strategy (FHS), belonging to the Restinga/Extremo Sul Districts Management, located in the city of Porto Alegre/RS, in the period from March to May of 2015, with daily attendance at the health unit. According to data from the Brazilian Institute of Geography and

Statistics (IBGE) 2010, the FHS in question had 3,929 registered users. Currently, according to a survey by the health unit itself, the coverage is approximately 6,000 users, the majority being between 0 and 25 years. The unit has a good physical structure, as well as an adjoining room for group activities. The services offered in the health unit include the reception, general clinic with adult and pediatric care, home visits, women's health, prenatal program, immunizations, dressings, dental care, Bolsa Família follow-up, rapid test, application of injectable drugs, foot tests, nebulizations, drug distribution and government programs such as HiperDia, Health in School Program (HSP), Home Assistance Program (HAP) and the municipal program for monitoring child growth and development *Prá-Nenê*.⁶

From the insertion in the FHS, a process of situational diagnosis of the region belonging to the health unit was started, based on consultation in data banks, home visits and in the municipal school of the community, as well as conversations with the Community Health Agents. There was a high incidence of sexually transmitted diseases (STDs) and pregnant women in the young population, as well as doubts about the transient process of FHT operation with the implantation of the reception system for all users. It was possible to accompany the Group of Pregnant Women - performed before prenatal visits - in which little organization was observed in the proposed activities and dynamics, which discouraged and distanced the target audience. In addition, there was the follow-up of the Community Therapy Group in the unit, which promotes extremely sensitive and satisfactory mental health activities in primary care, with intense participation of users. After the situational diagnosis of the region was carried out, proposals were made for multidisciplinary intervention, with the aim of approximating and strengthening the link between community and the health service, as well as the promotion of permanent health education. The strategies developed by the residence team based on the identification of the demands and needs of the health unit and the community are described below.⁷

Implantation of reception in the health unit

As part of the national humanization policy, welcoming is an important strategy to attend UHS users' demands in an integral way, since to apply it requires an ethical positioning, giving voice to the individual and his complaints, making -the protagonist of his health process.⁸ For the implementation of this form of assistance, the team of residents organized chat rooms in the waiting room of the health unit to clarify the changes regarding the reception in the FHS. The strategy was elaborated with the intention of informing the main aspects of the reception, answering doubts and helping the transition process in the unit, since the health unit team was afraid of the acceptance of the community about the new form of care. During the conversational wheels, a positive population return and willingness to adopt the new system was observed, including the improvements of the proposal to the users. In addition, it has become feasible to create a space for listening to the demands of each individual when seeking the health service. It is known that structural changes in health care may require a longer and more complex process of appropriation of new procedures, behaviors, gains and difficulties. Thus, it is considered and suggested that the proposal to establish an open communication channel between users and health professionals about the implantation of the host system can and should be continued, even after the period of residence in the unit.

Health education at school

The Health in School Program, created by the Ministries of Health and Education in 2007, constitutes a set of diverse actions that aims to evaluate the health conditions of students in the public school system and to promote improvements in the quality of life through integration and permanent articulation of education and health. As a guiding proposal, it aims to contribute to the integral formation of students through actions of attention, promotion, prevention and health care, aiming to confront the vulnerabilities that compromise the full development of children and youth in the public school system (PORTARIA nº 6,286, 2007). The insertion of the residence staff in government programs was carried out through the PSE, from the scheduling of some meetings with the school management, multiprofessional residents team and nurse coordinator of the FHS, in order to identify the health needs of students and of teachers in the school context. The main demand pointed out was about sexual health education, due to the high incidence of STDs in the young population of the region. From the initial contacts, a project on sexual health education was developed for adolescents between 12 and 17 years old, using educational materials, expository classes and dynamics. Subsequently, there was a meeting with the teachers of the school to present the material and discussion of the educational proposal, emphasizing the need for continuity of work after the participation of the residents. In this perspective, the Multiplier Manual: adolescent⁶ was made available to the school community, as a tool with the intention of facilitating the approach of the subject, based on material provided by the Ministry of Health. During the meetings there was a great participation of the young people in the activities, who were attentive to the information transmitted. Several questions arose during the exposure of images and information on identification and prevention of STIs. Despite the initial concern of the REMIS team to address the issue to younger participants, this impression was reversed during the activities. It was noticed not only the adequacy, but also the importance of the sexual health approach, even with lower age groups, as the strategy is focused on prevention.

Planning, production of materials and coordination of group of pregnant women

Group therapy is a facilitating strategy for health promotion, since it facilitates learning and strengthens the link between health service and users, and it is essential that the professional be trained. In the FHS this type of activity is contemplated through the Group of Pregnant Women, which occurs weekly in the room attached to the health unit. The prenatal consultation is conditioned to the participation in the group, coordinated by a doctor and an ACS. After the participation of the multiprofessional team as a listener during some meetings of the Group of Pregnant women, it was identified the need for greater organization of the practices and the implementation of integrative activities between the health service and the users. Therefore, an intervention plan was prepared with the organization of specific themes to be addressed at each meeting, with the intention of instigating the participation of pregnant women not only on the day of the consultation. A support manual was developed for use in the group, as a guide for the next meetings, containing information on prenatal, delivery and puerperium periods, as well as caring for the mother and the baby, addressing physical and emotional aspects. For the realization of the Pregnant Group, materials were used by the Cegonha⁷ Network, such as didactic dolls and materials for

demonstration of the breastfeeding technique, as well as posters with postural and nutritional guidelines made by the resident team. The pregnant women were able to participate and interact at all times through presentations and exchange of experiences. It was identified that there was good acceptance of this strategy by the pregnant women, providing moments of integration, listening and learning among professionals and users, proving to be an important prenatal assistance tool in the context of primary care.

Construction of a unique therapeutic project from home visits

The Unique Therapeutic Project (UTP), one of the pillars of the National Humanization Policy, proposes the elaboration of a set of articulated therapeutic behaviors for a subject or collective.⁸ The multiprofessional team of residents selected a case based on the demand of the health service, in which home visits were made to familiarize them with the family situation and to plan the interventions, with the purpose of assisting the user and the family. This strategy made it possible to follow the family and its behavior in face of the health condition of the target subject of the intervention, proposing, from this, short, medium and long term strategies for the promotion of their health and well-being. The UTP was an instrument unknown to residents, and it was not a strategy used by the FHS team. The possibility of knowledge and application of this tool has brought a new approach proposal that can be used in the future by the team, in cases of patients with difficult management. It is important to mention how the instrument was a facilitator, since all the professionals acted in the chosen case obtaining an end result integrating and interdisciplinary.

Final considerations

Inter and multiprofessional work in primary health care has been an opportunity to follow and know the reality of a community, as well as to offer services to assist in health promotion and disease prevention. The daily coexistence with users and health team of the FHS made it possible to identify their needs and needs. Moreover, the work of professionals from different areas has made it possible for the interventions to be differentiated and humanized. The experience underscores the benefits of having professionals from different areas of knowledge in the REMIS team, which enabled an integrated action in collective health. In addition, it is appropriate to emphasize the harmonious and constructive relationship between the residents of the REMIS team, as well as the local staff of the health unit, who knew how to welcome and respond to the suggestions and approaches proposed. From the possibility of establishing positive working relationships, it

is also understood the importance of working together and the extent to which this experience can be rewarding, thus facilitating more productive and more effective actions. The activities proposed by the team of residents in the health unit provided a greater link between community and service. The users participated and adhered to the actions, showing themselves to be active subjects of their health and illness process. Also, the proposed activities are intended to assist the FHS team, which may use the tools developed by the residents, to continue work in the health unit. Also, it is important to emphasize the importance of the insertion of students - both undergraduate and postgraduate - in already established health teams. The insertion of new professionals provides an update and broadening of the vision about the community served, as well as adding new ways and suggestions to carry out the work, which is often affected by the daily life that it demands. It takes the experience of experience and reality, leaving the team and community knowledge and opportunities.

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None.

Conflicts of interest

The author declares there is no conflict of interest.

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