

## IMPACTS GENERATED IN THE FAMILY HEALTH STRATEGY AFTER THE CRITICAL PERIOD OF THE COVID-19 PANDEMIC: REPERCUSSIONS IN THE SUPERVISED INTERNSHIP

IMPACTOS GENERADOS EN LA ESTRATEGIA DE SALUD DE LA FAMILIA TRAS EL PERÍODO CRÍTICO DE LA PANDEMIA DEL COVID-19: REPERCUSIONES EN LA ETAPA SUPERVISADA

IMPACTOS GERADOS NA ESTRATÉGIA DE SAÚDE DA FAMÍLIA APÓS O PERÍODO CRÍTICO DE PANDEMIA DA COVID-19: REPERCUSSÕES NO ESTÁGIO SUPERVISIONADO

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## Abstract

The pandemic caused by COVID-19 had impacts on all levels of health care, and required coordinated actions by the World Health Organization and the Ministry of Health in order to combat the pandemic. Among the strategies to combat the pandemic is the development and large-scale production of vaccines, concomitant with the creation of strategies for mass vaccination, reducing hospitalizations and deaths. Thus, the objective of this article is to report the impact of the COVID-19 pandemic on the Family Health Strategy and the consequences for maintaining the quality of the Teaching-Service-Community integration. It is noteworthy that the supervised internship is a moment of fundamental importance in the student's training process. It is emphasized that after the start of the vaccination campaign against COVID-19, there was a need to reorganize the work process, especially nursing. It is worth emphasizing that the internship in question took place at an atypical moment, still in the context of structuring the aforementioned unit and resuming its planned activities. Therefore, the resumption of the Family Health Strategy in a post-critical context of the pandemic is an arduous, laborious process and must count on the participation of all, and the integration of Teaching-Service-Community is structured as a tool for this consolidation, by bringing new perspectives and ideas that had not been discussed or tried before.

**Key words:** COVID-19; Nursing Education; Vaccination; Primary Health Care.

## Resumen

La pandemia provocada por el COVID-19 tuvo impactos en todos los niveles de atención de la salud y requirió acciones coordinadas de la Organización Mundial de la Salud y el Ministerio de Salud para combatir la pandemia. Entre las estrategias para combatir la pandemia está el desarrollo y producción a gran escala de vacunas, concomitante con la creación de estrategias de vacunación masiva, reduciendo hospitalizaciones y muertes. Así, el objetivo de este artículo es relatar el impacto de la pandemia de la COVID-19 en la Estrategia de Salud de la Familia y las consecuencias para el mantenimiento de la calidad de la integración Enseñanza-Servicio-Comunidad. Cabe destacar que la pasantía supervisada es un momento de fundamental importancia en el proceso de formación del estudiante. Se destaca que después del inicio de la campaña de vacunación contra la COVID-19, hubo necesidad de reorganizar el proceso de trabajo, especialmente de enfermería. Vale destacar que la pasantía en cuestión se dio en un momento atípico, aún en el contexto de estructuración de la referida unidad y de reinicio de sus actividades previstas. Por lo tanto, la reanudación de la Estrategia de Salud de la Familia en un contexto poscrítico de la pandemia es un proceso arduo, laborioso y debe contar con la participación de todos, y la integración Enseñanza-Servicio-Comunidad se estructura como una herramienta para esa consolidación, aportando nuevas perspectivas e ideas que no habían sido discutidas o probadas antes.

**Palabras clave:** COVID-19; Educación en Enfermería; Vacunación; Atención Primaria de Salud.

## Resumo

A pandemia causada pela COVID-19 gerou impactos em todos os níveis de atenção à saúde, e necessitou de ações coordenadas pela Organização Mundial da Saúde e o Ministério da Saúde, a fim de se combater a pandemia. Entre as estratégias de combate à pandemia está o desenvolvimento e produção em grande escala de vacinas, concomitante a criação de estratégias para a vacinação em massa, reduzindo as internações e óbitos. Assim, o objetivo

deste artigo é relatar o impacto da pandemia da COVID-19 na Estratégia de Saúde da Família e os reflexos para a manutenção da qualidade da integração Ensino-Serviço-Comunidade. Destaca-se que o estágio supervisionado é um momento de fundamental importância no processo formativo do estudante. Enfatiza-se que após o início da campanha de vacinação contra a COVID-19, houve a necessidade de reorganização do processo de trabalho, em especial da enfermagem. É válido reforçar que o estágio em questão aconteceu em um momento atípico, ainda em contexto de estruturação da referida unidade e retomada de suas atividades previstas. Portanto, a retomada da Estratégia de Saúde da Família em um contexto pós-crítico da pandemia é um processo árduo, trabalhoso e deve contar com a participação de todos, e a integração do Ensino-Serviço-Comunidade estrutura-se como uma ferramenta para essa consolidação, por trazer novos olhares e ideias que antes não haviam sido discutidas ou tentadas.

**Palavras-Chave:** COVID-19; Educação em Enfermagem; Vacinação; Atenção Primária à Saúde.

### Introduction

The COVID-19 was discovered in a precursor bronchoalveolar lavage sample from patients with pneumonia of unknown etiology, which were epidemiologically linked to the seafood market in Wuhan city, Hubei province, China, in December 2019 (ZHU et al., 2020).

According to this health problem that affects the entire world, it has become the sixth public health emergency of international importance, thus being declared by the World Health Organization (WHO) as an extraordinary event that constitutes a risk to public health (WHO, 2020a).

The COVID-19 is an acute respiratory infection caused by the new coronavirus, SARS-CoV-2, considered potentially serious, highly transmissible and globally distributed. In view of this, the new coronavirus resulted in a rapid movement of government entities and health services to adapt to the demands required by this disease (BRASIL, 2020a).

In the Brazilian context, a series of actions and operations were adopted. Thus, on January 22, 2020, the Public Health Emergency Operations Centre (EOC-nCov) was activated, which aimed to guide the actions of the Ministry of Health (MS) in search of a coordinated response within the scope of the Unified Health System (SUS). It was declared, according to Ordinance No. 188, of February 3, 2020, as a Public Health Emergency of National Concern (PHENC) (BRASIL, 2020b).

On March 11, 2020, the WHO declared the disease caused by SARS-CoV-2 a pandemic, alerting member countries to strategies to control the transmission of the virus and organize health systems to care for patients in serious condition. According to WHO, the term pandemic refers to the geographical distribution of a disease, which affects several continents with sustained transmission from person to person (OPAS, 2020a).

From that moment on, the WHO released strategies as a starting point to prevent the spread of the virus between countries, namely: preventing transmission among the population; identify possible cases of the disease and care for infected patients; reduce transmission of animal origin; accelerate the development of diagnostics, treatments and vaccines; communicate critical risk information to the community; and minimize the social and psychological impacts (WHO, 2020b).

According to this scenery, the role of health professionals has become essential at different levels of health care, since they work on the front line, such as screening patients and managing suspected and confirmed cases. Among health services, Primary Health Care (PHC) gained prominence, as it is the main gateway for users, formed by a multidisciplinary team, which aims to serve the population in its coverage area (BRASIL, 2017; LOPES; COSTA, 2020).

Furthermore, it aims to provide comprehensive and humanized care, based on carrying out health care actions according to the needs of the local population, in addition to proposing interventions that can influence the health-disease processes of individuals, communities and the community itself, and carry out health education actions for the enrolled population, according to the team's planning and use of appropriate approaches to the needs of this public (BRASIL, 2017).

However, actions aimed at the pandemic were centered on the level of hospital care, while primary care became only a supporting factor in the process. Giovanella et al. (2020) points out that the centralization of tertiary care contributed to the loss of effectiveness and performance of PHC.

It is important to mention that the context of the health and humanitarian crisis brought about by the pandemic overloaded the SUS and exposed the problems faced and debated since its creation, such as underfunding, system management, provision of health professionals and workers, and service structure (TEODÓSIO et al., 2020).

Among the ways to combat the pandemic, in Brazil, the Brazilian Health Regulatory Agency (ANVISA) played an important role in establishing criteria for assessing the effectiveness of immunizers and subsequent approval for emergency use. Faced with this demand for immunization of the population, the Ministry of Health prepared the National Vaccination Operational Plan (BRASIL, 2021).

In addition, on January 18, 2021, the National Vaccination Campaign against COVID-19 in Brazil began. It is necessary to consider that the expansion of the vaccination campaign represented for the population the hope of a decrease in the rates of contamination and deaths, resumption of economic power and a gradual return to the daily life previously experienced. Therefore, the importance of vaccination is not only for individual protection, but also for preventing the mass spread of diseases that can lead to death or serious sequelae, and thus compromise the quality of life and health of the general population.

From the start of vaccination, priority criteria were defined for the population to be immunized, according to the availability of vaccines, divided according to vulnerable groups, such as the elderly, health professionals and immunosuppressed people. The inclusion of other groups occurred with the increase in the availability of vaccines, and currently they are available to all audiences, so that the flow of people to be vaccinated is wide, which requires greater organization of services by managers and health professionals.

It is important to emphasize that some Family Health Units (USF) had changes in their objectives in view of the vaccination strategy, that is, actions were organized to make it possible to vaccinate the population in an emerging way. However, the other actions advocated by the USF and its Family Health Strategy (ESF) teams were suppressed due to the pandemic context and the need to reorganize the work process.

The COVID-19 pandemic brought consequences not only in the field of health, but also social, economic, political, cultural and historical repercussions and impacts without precedent in current history (DOMINGUES, 2021).

Due to the new cooler epidemiological scenery and the advancement of the Vaccination Campaign, on April 22, 2022, the end of the State of Emergency in Public Health Emergency of National Concern (PHENC) was decreed in Brazil. It is important to note that, even after the decree, the COVID-19 pandemic did not end, and policies are still required to contain the spread of the virus and encourage adherence to vaccination.

Finally, this article aims to report the impact of the COVID-19 pandemic on the Family Health Strategy and the consequences for maintaining the quality of teaching-service-community integration. In order to describe how the stoppage of activities and changes that occurred with the vaccination campaign caused damage to the teaching and learning of the supervised internship in the PHC.

### **Methodological procedures**

This article is an experience report, descriptive and reflective, about the perception of nursing students about their experience in a Family Health Unit, belonging to the Cabula-Beiru Sanitary District, offered by the curricular component Internship Curricular Supervised I, from the 9th semester of the undergraduate course in Nursing, at the State University of Bahia (UNEB) - Campus I.

The activities were carried out in a USF located in the city of Salvador in the State of Bahia. This health service had, during the period experienced, approximately four thousand registered users. The insertion of academics in the institution comprised the period from March to June of 2022, under the supervision of USF nurses and the preceptor linked to the university.

It is important to mention that for the execution of this work, the norms set out in Resolution nº. 466/2012 of the National Health Council (CNS) and, as it is an experience report, it was not necessary to submit it to the Research Ethics Committee (CEP).

## Impacts generated by the COVID-19 pandemic

According to Negreiros and Lima (2018) the supervised internship allows the academic to project how to act as a professional, based on the experiences of daily situations at the service. Thus, the student is prepared for routines, teamwork, decision-making, leadership and a sense of responsibility.

Furthermore, it is possible to articulate during the experience of the supervised internship the theory built from the disciplines that make up the curricular matrix, with a focus on interdisciplinarity in order to improve the quality of learning. Added to the skills developed throughout the graduation with its practical approaches and the life experiences of each graduate (VENTURI; LISBÔA, 2021).

The supervised internship in nursing is fundamental as a national curriculum guideline, carried out in the last two periods of graduation as predisposed in Art.7 of CNE/CES Resolution No. 3, of November 7, 2001. The minimum workload of the internship must total 20% of the total workload of the Undergraduate Nursing Course (BRASIL, 2001). Thus, the supervised internship at the State University of Bahia, Salvador campus, is carried out in the family health units of the Cabula-Beiru Sanitary District in the 9th semester of graduation, with the objective of fulfilling the workload of 400 hours.

The family health unit in which we carry out the tasks that are incumbent on the nurse was inaugurated at the end of 2020, and a few months after its inauguration, its activities were paralyzed to become a reference center for COVID-19 vaccination, in which all professionals were displaced from their usual functions to support the activities of organization and application of immunizers.

Due to the high demand and huge queues for immunization, the territorialization process and routine care were paralyzed, which culminated in the low adherence of the community to the new unit and the incomplete territorialization process.

It is worth mentioning that after the start of the vaccination campaign against COVID-19, there was a need for the work process, especially nursing, to be reorganized, as well as for supervision of the vaccination team sent by the city of Salvador, organization of vaccine rooms, control of applied doses and clarification of possible

doubts from users and health professionals. In view of this, the visualization of procedures and functions of the nurse in the internship process was impaired, since since its inauguration there has not been enough time to structure and strengthen the health teams in the territory, as recommended in the ESF.

It is extremely important that efficient strategies be developed to disseminate information about vaccination to the entire population, with regard to the strategies that are being adopted and the established flows, so that the population can access the reference units for vaccination.

It was possible to observe within the unit that these pieces of information are not ideally disseminated, which contributed to the increase in queues at services. In this sense, communication strategies must be created to face the anti-vaccination movement and *fake news*, preventing the population from being afraid to be vaccinated, thus guaranteeing adequate vaccination coverage (DOMINGUES, 2021).

Professional training at universities cannot be marked only by theory, but also the integration of the student with the attributions performed by the profession, and this moment is consolidated by the supervised internship, in which it becomes possible to associate theory with practice.

In this way, it is in the supervised internship that the student gets the chance to relate professionally with the employees of the units, with their peers, including with users of the health system, since nursing performs several essential activities, for example, teamwork. The supervised internship ensures the student an opportunity to discover himself as a professional, to live in a multidisciplinary team, to develop technical skills and assume responsibilities, so essential for the training of the future nurse (SOUZA et al., 2017).

Through the supervision of the preceptor linked to the educational institution and the nurse assigned to the service, it was possible to develop skills necessary for the acquisition of professional skills, the possibility of theoretical-practical articulation, experiences and learning beyond what was experienced by the curricular guidelines, providing opportunities for work in different sectors of the USF.



The professional nurse who works in the PHC has a fundamental role and stands out for its important performance, and among its list of activities it can be highlighted: supervision of the technical nursing team, reception and risk classification, health promotion through activities with specific groups or at school, implementing and updating protocols, working in the vaccination room, carrying out home visits and nursing consultations with individuals in different life cycles, providing the necessary referrals when necessary, as well as requesting exams and prescription of drugs established in the programs of the Ministry of Health, in accordance with the legal provisions of the profession and institutional protocols (BRASIL, 2017).

Among these consultations, we can mention: prenatal care, puerperium, childcare, reproductive planning, health of adolescents, women, men and the elderly, care for people with tuberculosis and leprosy, carrying out rapid tests for HIV, Syphilis, Hepatitis B and C, evaluation of patients with chronic and/or complex wounds and monitoring of hypertension and diabetes.

In this context of a range of attributions of nurses, as well as of other professionals, the construction of knowledge must be constant, so that there is efficiency and resolution of the care offered to service users, in view of this, Permanent Education in Health and Education Continuing enables improvement in view of the needs presented and/or known in its territory. It should be noted that this training strategy requires the action and participation of health managers as well as the team (MENDES et al., 2021).

It is important to mention that the internship in question took place at an atypical moment, still in the context of structuring the unit and resuming the planned activities, since it was inaugurated in September 2020, in a pandemic scenery.

As the essay has already mentioned, from 2022 onwards, the aforementioned USF seeks to balance its role as a vaccination center in the health district, since during the pandemic it became a reference in vaccination, with its actions and proposals advocated by the National Policy for Primary Care (PNAB), which was amended by Ordinance No. 2436, on September 21, 2017 (BRASIL, 2017).

The USF became an internship field in the first half of 2022, as it is considered new and has had significant interference due to the context of the pandemic, it is still in the process of territorialization, in order to know the main demographic, socioeconomic, epidemiological characteristics and cultural aspects inherent to the population. The demarcation of the territory covered by the USF is still undefined, as it depends on meetings with the Sanitary District for the delimitation of the area and advancement of the registers of the enrolled families, which again gained prominence in this period.

However, when talking with the unit manager, it was exposed that there is a great impasse to register the families recommended for each health team, due to the low number of Community Health Agents (ACS) for the unit. As a result, there is no deadline for completing the territorialization process.

During the curricular internship, dialogue with the unit's professionals was constant, and it can be said that there is a consensus regarding the low demand for consultations, since during the pandemic the unit was focused on carrying out rapid tests for detection of COVID-19 and the vaccination strategy, thus the number of appointments for nursing, medical and dental appointments was impaired.

This decrease in consultations and demand for other services at the unit was justified by two reasons: the unit's greater emphasis on vaccination, a contributing factor for the population to have an inadequate perception that only this service was offered at the unit; and the fear of contamination when entering health services was still very present, which kept people away and impacted on the demand for care and understanding of the services offered.

During undergraduate nursing, the Supervised Curricular Internship I is the student's great opportunity to be the protagonist, being a transition between the student perspective and the autonomy of a nurse. In this way, it was possible to participate in consultations attributed to nursing, namely: Child Growth and Development Monitoring; Prenatal; Family planning; Men's Health and Acceptance of Spontaneous Demand.

However, due to the low number of community adherence to the unit, its recent inauguration, incomplete territorialization and vaccination center, the number of consultations was lower than expected by us students. However, despite the reduced demand for consultations, it was possible to experience the role of the nurse in different spaces with excellence, from immunization management, provision and forecast of inputs for the vaccination process, staff dimensioning, intersectoral articulation and technical skills necessary for the treatments.

For the FHS to be resumed by the unit, the entire team needs to be coordinated with the same purpose, for which team meetings are held to reorganize activities. These meetings have all the members of the aforementioned team, in which cases that need more attention from health professionals and community health agents are discussed, namely: organization of home visits, stimulation of the population's bond with the unit, elaboration of actions to promote the health of the population, active search for absent users and referral of users to other points of the Health Care Network (RAS).

### **Final considerations**

Thus, the pandemic caused by COVID-19 was responsible for making health services obtain quick responses to the population's illness at all levels of health care, as well as the development of health promotion and protection strategies.

However, due to political issues, lack of national order and weaknesses constantly discussed before the pandemic, the PHC had its incipient role in the face of the demands presented regarding COVID-19, leaving the tertiary level of care, represented by hospitals, with the mission of fight the pandemic in much of the Brazilian territory.

Family health units regained relevance in the pandemic after the start of the vaccination process in 2021, as a result, it took the brilliance out of all its other actions. In view of the increase in the number of vaccinated against COVID-19, the APS seeks to rekindle its role as the basis of the health system and ordering of the RAS.

Through the Supervised Curricular Internship I, of the undergraduate nursing course, we were able to have a critical view of the work process, learn about the managerial challenges and contribute to this trajectory of resuming activities and strengthening PHC.

The opportunity for students in the 9th semester of the nursing course to do an internship in a Family Health Unit, especially in a time of pandemic, is unique, making it possible to identify the readaptation of professionals to new standards of care and new routines, such as the inclusion of vaccination of COVID-19, in addition to visualizing the impact that the pandemic brought to the APS services.

There was no deficit in the theoretical learning process, but a reduction in practical activities, such as the number of consultations and procedures. However, the consultations carried out were sufficient to understand the role of the nurse in Primary Care, the functioning of the family health strategy, as well as the way to guide the patient within the RAS. In addition, the fact of not having a consultation subsequent to the other, provided moments of discussion of clinical cases after each one of them.

It is necessary to mention that the role of the nurses who work at this USF, who work coherently with their role in primary care, in addition to providing quality assistance to users. Despite the impact of the COVID-19 vaccination in reducing the demand for consultations, when they occur, they are carried out with care and resolution.

Therefore, the resumption of the Family Health Strategy in a post-critical context of the pandemic is an arduous, laborious process and must count on the participation of all, and the integration of Teaching-Service-Community is structured as a tool for this consolidation, by bringing new perspectives and ideas that had not been discussed or tried before.

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