

INTERPROFESSIONAL HEALTH EDUCATION AND ITS IMPACT ON INTEGRAL CARE

EDUCAÇÃO INTERPROFISSIONAL EM SAÚDE E SEU IMPACTO NA ATENÇÃO INTEGRAL

EDUCACIÓN INTERPROFESIONAL EN SALUD Y SU IMPACTO EN LA ATENCIÓN INTEGRAL

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Abstract

The interprofessionality is a tool for optimizing the human resources available towards the consolidation of a resolutive healthcare. However, applying it is a challenge due to the fragmented training of health professionals. This article intends to describe the experience of planning and executing an interprofessional health education activity. For such, an educational workshop was developed aiming at interprofessional health practice. A clinical case was distributed, which addressed the story of an elderly person who suffered a stroke and lived with the sequels of this episode in addition to emotional trauma from the experience. Each professional was asked to define a therapeutic proposal for the case and one of them was invited to present his proposal and complement it based on the suggestions of the other members. The workshop enabled the perception that, in isolation, no profession would be able to fully contemplate the patient's needs. Therefore, it encouraged the use of integrated action between different professionals by demonstrating that punctual and disjointed actions would not be sufficient to act effectively in the care and needs related to the individual's health. Therefore, the final product of this workshop resulted in a consistent activity contemplated by multiple perspectives, experiences and knowledges which would not be so successful if planned in isolation by a single professional group. It is intended with this report to propagate the potential of collective construction and the interprofessional view on themes that are common ground to health professions not only where the study took place but all around the world.

Keywords: Interprofessional Relations; Integrality in Health; Health education.

Resumo

A interprofissionalidade é uma ferramenta de otimização dos recursos humanos disponíveis para a consolidação da assistência à saúde integral e resolutive. Porém, aplicá-la é um desafio, devido a formação fragmentada dos profissionais de saúde. O presente artigo visa descrever a experiência do planejamento e execução de uma atividade de educação interprofissional em saúde. Para tanto, desenvolveu-se uma oficina educativa, direcionada para prática interprofissional em saúde. Foi apresentado um caso clínico, que abordava a história de uma

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pessoa idosa que sofreu acidente vascular encefálico e convivia com as sequelas desse episódio, além de traumas emocionais de sua vivência. Solicitou-se que cada profissional definisse uma proposta terapêutica para o caso. Um dos participantes era convidado a apresentar sua proposta, sendo oportunizada complementação pelos demais integrantes da equipe. A oficina possibilitou a percepção de que, isoladamente, nenhuma profissão conseguiria contemplar totalmente as necessidades do usuário. Assim, fomentou o uso da ação integrada entre diferentes profissionais, ao demonstrar que ações pontuais e desarticuladas não seriam suficientes para atuar de forma efetiva nos cuidados e necessidades relacionados com a saúde do indivíduo. Portanto, o produto desta oficina resultou em uma atividade consistente, contemplada por múltiplos olhares, experiências, conhecimentos e perspectivas, que não obteria tamanho êxito se planejada isoladamente, por um único grupo profissional. Pretende-se, com este relato, propagar as potencialidades da construção coletiva e o olhar interprofissional sobre temas transversais às profissões da área da saúde.

Palavras-chave: Relações interprofissionais; Integralidade em saúde; Educação em saúde.

Resumen

La interprofesionalidad es una herramienta para optimizar los recursos humanos disponibles para la consolidación de una atención médica integral y resolutive. Sin embargo, aplicarlo es un desafío, debido a la formación fragmentada de los profesionales de la salud. Este trabajo tiene como objetivo describir la experiencia del planeamiento y ejecución de una actividad de educación interprofesional en salud. Se desarrolló un taller educativo, dirigido a la práctica de salud interprofesional. Se distribuyó un caso clínico, que abordó la historia de una persona mayor que sufrió un derrame cerebral y vivió con las secuelas de este episodio, además del trauma emocional de su experiencia. Se pidió a cada profesional que definiera una propuesta terapéutica para el caso. Uno de los participantes fue invitado a presentar su propuesta, con la oportunidad de complementación por los otros miembros. El taller permitió la percepción de que, aisladamente, ninguna profesión sería capaz de contemplar completamente las necesidades del paciente. Por lo tanto, alentó el uso de acciones integradas entre diferentes profesionales, al demostrar que acciones específicas e inconexas no serían suficientes para actuar de manera efectiva en la atención y las necesidades relacionadas con la salud del individuo. El producto final de este taller resultó en una actividad consistente, contemplada por múltiples perspectivas, experiencias, conocimientos y perspectivas, que no sería tan exitosa si planeada de manera aislada, por un solo grupo profesional. Con este informe, se pretende propagar el potencial de la construcción colectiva y la visión interprofesional sobre temas transversales a las profesiones de la salud.

Palabras clave: relaciones interprofesionales; Integralidad en salud; Educación en salud.

Introduction

Modernity, better clarified and supported by the scientific revolution, experienced a demographic and epidemiological transition (PRATA, 1992). Therefore, exists a complexification of health needs, which include the emergence of chronic non-

communicable diseases (BRASIL, 2013) to the detriment of infectious diseases, resulting in different health standards.

Brazil experienced this process in an anomalous way, coexisting both forms of diseases, chronic non-communicable diseases and infectious diseases, potentiating the complexities inherent to health needs (PRATA, 1992). In this perspective, a better delimitation of the scope of health is required, understanding it as a longitudinal phenomenon, which permeates the different facets of the individual (BRASIL, 1990), no longer limited to a biomedical approach, raised by the scientific revolution.

The development process and legacy of the Brazilian health reform culminated in the creation of the current public healthcare system known as SUS (Sistema Único de Saúde) - with its actions defined as universal, equitable and integrated (PAIVA; TEXEIRA, 2014). In SUS, policies, structuring programs and actions stand out, such as the National Primary Care Policy, which stipulates its responsibility to organize personalized health promotion, prevention and recovery actions for the population, in addition to promoting the integration of users with other services offered by the public health system (BRASIL, 2012; BRASIL, 2004). The creation of the Family Health Strategy (FHS), whose purpose is to reorient the health model towards a comprehensive approach, based on multidisciplinary and primary care, not limited to the biomedical perspective is also noteworthy (BRASIL, 2011).

Given the fragmented formation of the health areas and the valuation of the specification process, it was necessary to define means to consolidate and improve the articulated action between professions and reaffirm the attention centered on the singularity (BRASIL, 2018). Therefore, Interprofessional Education (IPE) is established as a device to support and promote collaborative practice, understanding it as a result of the shared decision-making process and built from the alliance of knowledge between different professionals through dialogue (WHO, 2010) as well as a resource to optimize health production, by avoiding duplication of services (SOUZA; COSTA; DA COSTA, 2019).

Faced with this scenario, the Ministry of Health affirmed its commitment to the IPE through a document that outlines this approach as a strategy to strengthen

permanent education (BRASIL, 2018). Therefore, aiming at the development of interventions that structure and improve interprofessional actions, it was proposed to incorporate undergraduate and graduate students from all over the country as actors in this process (BRASIL, 2018). This incorporation made it possible to take advantage of preceptorship activities in order to observe the reality of health services and report them. In these reports, the existence of rudimentary collaborative activities was detected, without the appropriate allocation and notion of adequate importance of their concepts by the actors involved. (PEDUZZI; AGRELI, 2018).

Due to this perception, the development of a workshop was proposed, aiming to describe the experience of planning and executing an interprofessional health education activity, in order to highlight the potential of interprofessional action in establishing a more resolute and comprehensive care.

Method

Based on the observation of the reality of a Primary Care scenario, a workshop was developed with employees of a Basic Health Unit (BHU) in an administrative region of the Federal District, on February 19, 2020. The preparation and planning of the workshop preceded the month prior to the event. All health professionals who worked at that unit participated in the activity, in order to provide the appropriation of the concepts of Interprofessional Education and collaborative practice. Professionals linked to administrative activities were excluded from the activity, as they are not directly involved with the assistance.

The workshop was structured in the construction of a group, composed of professionals from diverse areas of health, under the supervision of a tutor. The formation of this group was based on the adoption of an active methodology applied in the studies by Krug et al. (2016), in which participants must interact with each other to build knowledge.

However, for the present activity, the sixth step was replaced (BORGES et al., 2014), with the application of a dialogued lecture on the theme, according to the

conduct recommended by the Escola Superior de Ciências da Saúde (Superior School of Health Sciences) (SESDF, 2018).

Each team member received a clinical case, prepared by the Câmara study (2014). The case addresses the story of an elderly patient, who recently suffered a stroke and lives with the sequels of that episode in addition to emotional traumas caused by his previous experiences. Then, each participant was asked to define, within 20 minutes, a therapeutic proposal that would meet the patient's needs.

After 20 minutes, one of the participants was invited to present his therapeutic proposal, and the other group members were given the opportunity to complement it. Afterwards, a reflection was proposed on how joint action would better contemplate the patient's needs, as well as the reason for each therapeutic choice and who is responsible for making it (COSTA, 2014). In addition, interruptions and suggestions by the professionals present about their skills and possible collaboration for the proposed therapy were also allowed.

Subsequently, there was a dialogued exposition, carried out by the members of this study, about the concepts of interprofessionality, collaborative practice, integral action and the enhancement of the resolution provided by such actions (WHO, 2010). The publication of the Pan American Health Organization on IPE and collaborative practice was considered in the elaboration of the activity, which highlights the impact of the conscious application of Interprofessional Education and its relevance as a mean to achieve collaborative practice (WHO, 2010).

Finally, feedback was requested from each team member, regarding their performance throughout the activity, and the dynamics of the exercise itself in order to understand the strengths and weaknesses of the workshop (KRUG, 2016; SCHMIDT; ROTGANS; YEW, 2011). It is known that the weightings of the group participants at the end of a dynamic activity makes it possible to reflect and adopt measures to repair the deficiencies reported by the participants (TIBÉRIO; ATTA; LICHTENSTEIN, 2003).

Results

The workshop enabled the perception that, in isolation, no profession would be able to fully contemplate the individual's needs. Thus, it encouraged the use of integrated action between different professionals by demonstrating that specific and disjointed actions would not be sufficient to act effectively in the care and needs related to the individual's health. Therefore, there was the recognition of the attributions of the various health professions in a practical exercise of Interprofessional Education, and the understanding of joint action as a tool to achieve resolvability.

At the beginning of the workshop, some situations inherent to the operation of the health system in Brazil were highlighted and, in the context of the activity, represented challenges to its realization. The clearest example was the mention of the saturation of the FHS teams caused by over-service, deficit in human resources and weaknesses in management that result in a relatively common scenario experienced by most of the component units of primary care. This whole scenario generates, most of the time, a significant deterioration in work relations as a whole (SORATTO et al., 2017). This situation interfered with the dynamics of the proposed activity as it made it more complicated, amongst other things, the process of grouping professionals for its realization, such as the participation of representatives of the medical profession.

However, it was possible to assemble a team composed of a nursing professional; a nursing technician; a community health agent (CHA); a dentistry professional; a dental technician; a physiotherapy professional; a psychologist; a nutrition professional. For the purpose of adapting the workshop to the functioning dynamics of the Basic Health Unit, the duration of activity was limited, with 15 minutes available for individual elaboration of the therapeutic proposal and 15 minutes for the exposition and collective debate on the proposal that would be adopted to the case.

Despite the limitations imposed by the reality of the scenario in which the workshop took place, it was possible to succeed, culminating in a profitable activity, in which professionals were able to discuss viable strategies to address the needs presented in the case. There were countless approaches raised during the elaboration of individual therapeutic proposals, starting from the suggestion of

implementing measures included within the unique competencies of each profession, following up to the adoption of relatively simplistic measures. Proposed interventions that outperform the biologist perspective or singular techniques to specific areas of knowledge were found, reaching a common ground that considered the patient's social dimension.

At another point in the activity, an effort was made to aggregate individual collaborations and compose a unique therapeutic proposal for the case in question based on the set of considerations highlighted during the discussion. The first collective conclusion drawn was precisely linked to the latent need for strengthened interprofessional attention.

The team pointed out that the presence of a social worker would be essential to accuse, with greater ownership, the most acute vulnerabilities linked to the case as well as the means available to address them. In this sense, the reflection that no health profession is qualified to, in isolation, meet the complex demands of the user was consolidated. The integration of the knowledge and experiences of the various professionals is essential for the promotion of excellent patient care, but also beneficial to the primary care agents themselves, as it decentralizes the process of doing health and shares the responsibility for it (ILLINGWORTH; CHELVANAYAGAM, 2017; PEDUZZI; ALEGRI, 2018; KRUG, 2016).

Then, the concepts defined by the WHO booklet (2010) about interprofessionality and collaborative practice were exposed to the group. In this way, its positive impact on resolvability was highlighted, as well as on the integrality of assistance, functioning as an active tool for their materialization. These aspects became more evident to the participants after the said workshop.

Regarding the feedback on the activity, the participants reported that there was a significant contribution from it in the context of each person's professional experience. The Family Health Strategy Center (FHSC) team - composed of professionals in the areas of physiotherapy, psychology and nutrition - praised the activity and defined it as an opportunity to highlight the horizontalization of health practice, necessary to share the protagonism of those involved in the health-disease process.

Furthermore, the FHSC team - composed of CHA, dental and nursing technicians, as well as nurses, dentists and doctors - pointed out the importance of the activity for the quality of care considering, however, that the challenge to overcome the intense work routine of the service is constant, which often makes it impossible to consult colleagues to complement their therapeutic proposals.

Discussion

Considering the implementation, in 2003, of the reorientation of the training of health professionals towards integral performance in the health-disease process (BRASIL, 2018), the encouragement of better appropriation of this aspect by professionals in practice becomes an unavoidable trend. However, as evidenced by the professionals themselves, it is necessary to develop strategies that can be implemented considering the limitations of the reality of the Brazilian health system.

Regarding the structure of the workshop, interprofessionality is generally addressed in activities aimed at a public of undergraduate and graduate students, having a long duration, being generally held between 5 and 15 sessions (FÔNSECA, 2018; DE SOUZA; ARAÚJO, 2018; MITER; ANDRADE; COOTTA, 2012). However, this execution dynamics evidenced in the literature is not satisfactorily adequate to the reality of a health unit, especially those that face a great overload of their productive capacity (MITER; ANDRADE; COOTTA, 2012).

Therefore, developing a compact action allows the participation of more professionals and their inclusion within the unit's operating dynamics, as well as in this report. This perception was evidenced in a work developed in the Primary Care of Rio Grande do Sul (REUTER; SANTOS; RAMOS, 2018), as well as the recognition of the limitations regarding the overcoming of the action centered only on the skills of the profession itself. In contrast to this challenge, a study from Paraíba proposed the management of emotional competences as a strategy for coping with conflicts inherent to the propensity of vertical relations in health (SILVA et al., 2019).

Also noteworthy is the use of active methodology, as well as it was applied in this workshop, as a tool for learning interprofessionalism (SCHIDMIDT; ROTGANS; YEW, 2011). A British systematic review concluded that addressing IPE requires the adoption of activities such as workshops and simulations, as they enable the concept to be applied to situations that may be affected by reality and awaken the members to the possibility of adopting it in different contexts, in addition to promoting joint participation actions (ILLINGWORTH; CHELVANAYAGAM, 2017), a statement duly confirmed at the end of the activity analyzed in this study. This approach is configured as an appropriate strategy, since it corroborates the principle of memorization, in which the human brain links a synapse - "file" - to a pre-existing synapse when proposing the attribution of meaning to a past experience (SHACTER; WAGNER, 2014).

Furthermore, it is worth noting that the practical experience of interprofessionalism promotes a better understanding of its benefits, recognizing its potential (ILLINGWORTH; CHELVANAYAGAM, 2017). In this perspective, one of the benefits experienced is the care that each professional present from contact with the individual's singularities, under their assistance, when observing their individual perceptions (BRASIL, 2018). Therefore, collaboration between different professionals makes it possible to cover the user's needs and consolidates the problem-solving capacity, which consists of one of the precepts of SUS (BRASIL, 2011). This fact was verified by all professionals participating in the present study, who interceded in favor of replicating the activity in other health units, as this action represents a way to improve the articulation without hierarchies among all professionals.

Among the strengths of this workshop, it can be mentioned the stimulus and subsidy for the development of other dynamics directed to health professionals inserted in primary health care, in view of its low cost for realization, which makes it replicable in different realities. However, a limitation of the activity was the non-participation of medical professionals. It is essential to emphasize the need for the inclusion of these professionals who are the most inclined to propagate vertical care relationships, so that it is also possible to modify the perspective of health care by this group.

Conclusion

Despite the difficulties inherent in the dynamics of assistance, burdened by the deficit of professionals and great demands on patient care, the product of this workshop resulted in a consistent activity, which included multiple perspectives, experiences and diverse knowledge. Moreover, it reinforced the relevance of interprofessional education as a mechanism to overcome the rupture in the fragmentation of care and the vertical relationships of health professionals, which hinder and limit health production. Also, given its low cost, the adoption of interprofessionality can respond to the complex health needs of contemporary times, being relevant to implement it in counterpoint to the fragmented tendency of health education. Therefore, it is intended, with this report, to propagate the potential of the collective construction and the interprofessional view on transversal themes to the professions of the health area, having as main objective the effective promotion of comprehensive care to the patient's health.

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