Territorial Health Care Network Project: comprehensive and multiprofessional care as a learning practice

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ABSTRACT

In the education of health professionals, in addition to theory, knowledge about the Unified Health System (SUS) is essential, as this system provides significant practical experience of interdisciplinarity and interprofessionality in the integral care of individuals to health professionals. This experience report describes, from the viewpoint of dentistry students, the main actions included in the health care of a community in the Territorial Care Network Project, conducted by the University of Passo Fundo, Brazil; these actions included home visits, which focused on primary health care, and the active search for urgent demands of users. The experience report presents the learning and reflections generated during team meetings held to discuss multidisciplinary home visits, which occurred weekly, these provided the students with the information collected after monitoring the families in the target community; they also enabled the student to witness the creation of bonds among health care professionals and community members; thus, the students learned the significance of primary care and comprehensive care. The actions of the project contributed to the academic training of students from various courses in the health field of a Higher Education Institution (HEI), facilitating their practice in the territory, that is, in this case, the community, without simulation. Thus, the academic group was encouraged to learn the role of SUS in a community, by practically implementing its guidelines and principles, and the reality of the system, including its strengths and weaknesses. From this experience, we identify that actions aimed at the most vulnerable communities in their territories are challenging, especially in relation to decision-making in comprehensive health care of individuals.

Descriptors: Primary Health Care. Unified Health System. Community Dentistry. House Calls. Family Health. Education, Higher.

1 INTRODUCTION

Relating academic knowledge with the practical experience gained from being a member in the Unified Health System (SUS) is an indispensable point in the training of health professionals in Brazil, as it contributes to the students' teaching-learning process; conversely, the SUS implemented for the population benefits from the knowledge of students as it is assisted by the activities developed during the practical classes. The activities under university extension and internships in the territories break the routine of the intramural activities of universities, becoming a space with the possibility of new forms of teaching

and learning; they also force students to reflect on situations that require knowledge beyond technical skills, which is essential for professional training[1,2]. The need for the study and applicability of light technologies, in addition to knowing places with different vulnerabilities, favorably impose practices on the institutional tripod (teaching, research and extension)[3].

The organizational structure of the SUS aims at providing comprehensive care to the user, providing them access to all levels of health care available to the system. Thus, it is understood that health is a process that is constructed within a network of humanized, interrelated, and co-responsible services, ensuring integrality in the care of community subjects[4]. Health care networks (RAS) play an indispensable role in the diagnosis, treatment, and follow-up treatment of various diseases, including those of an acute or chronic nature, that affect the population. The SUS has three levels of health care: primary care, which is focused on actions in a territory and acts as the user's gateway to the system; primary care is complemented by secondary and tertiary care, and these part of the specialized care; moreover, the lack of articulation between the three levels of care may result in a fragmentation of the health system, leading to a failure of the network health care[5]. The RAS must be linked to each other, dividing responsibilities for accomplishing the same mission. They should be motivated by a cooperative action aimed at providing continuous and comprehensive care to users[5].

In health care services, it is of paramount importance to understand both the concept and the meaning of territory. The territory is considered a delimited space produced by society composed of the following: geographical objects, natural or constructed; people and groups that are considered the social actors; and finally, the institutions of and relations between the various powers[6]. Furthermore, the territory allows understanding the way of life and organization of groups and people, as well as their relationships, making room for facilitate the understanding of the functionality of society and how risks and vulnerabilities are organized in the geographic space. It thus becomes a tool and a means of strategy to enhance the practices of promotion, protection, recovery, and rehabilitation of the health of users enrolled in the territory. The plural and community-based experience, along with the understanding of the dynamics of the territory provided by the learning exercise in the SUS, provides students and differentiated academic groups with the understanding of a care network, with the real needs indicated by the subject, thus, the territory plays a unique role in the health care of a country.

Law 8080/90[4], in Brazil, which regulates health actions and services, indicates that the promotion of the articulation of the SUS with educational bodies is beneficial. On the other hand, the National Curriculum Guidelines of the undergraduate course in Dentistry, which establishes principles, foundations, and purposes of training, require for the courses to include the didactic activities and experiences in the service networks of the SUS as an integral stage of the undergraduate program. This allows students to understand it as a field of professional and learning practice, and develop actions and services essential for professional training; additionally, this enables students to develop the practices of comprehensive health care, interprofessional teamwork, and the experience of health politicals in various life situations[7]. Thus, the interaction between SUS health services and higher education courses generate strong cooperation with each other, both for user care as well as in the training of future professionals, who, as a result of this exercise, become familiar with the system.

The SUS, as a branch of health training[4], provides learning spaces to students from various areas of health networks, stimulating pedagogical

practices developed mainly in the territories, with focus on primary care, as well as on secondary and tertiary care[8]. This articulation takes place between the spheres of the university, the health system, and governments. The activities developed through the stimulation provided via extension projects or supervised internships in the areas of Collective Health result in the following: they allow students to act directly with the community and develop a deeper knowledge about the SUS; they encourage students to reflect on strategies to counter the observed problems; and, they facilitate the understanding of the user as the protagonist of the actions. The activities of multidisciplinary teams with the communities provides opportunities for students to act in an interdisciplinary way with other areas of knowledge and provide the requisite support in the area of their specialty. Many health professionals focus on curative technical procedures, performing the clinical practice isolated from other specialties, this results in inappropriate actions that are inconsistent with the principles of SUS[1]. Additionally, such extramural activities of universities favor the community, because such activities aim at health promotion and improving the quality of life of people[9]. The undergraduate courses of the HEI, especially in the areas of health, prepare the student to develop leadership skills, public health management, administration, and management.[10,11] University extension activities and internships in the field promote comprehensive health actions that are appropriate for that community, being a means for scientific knowledge to be applied in health services[12].

While university education should teach students techniques and procedures specific to the area of expertise, it must also work within ethical, technical, and political contexts proposed by Collective Health, which apply to people with multiple inseparable dimensions. It should take into account, in addition to biology, the historical and social context in which the individual is situated[13], thus enhancing the real social impact of an HEI within the community, as an adjunct to collective improvement.

Dentistry and oral health teams contribute to the maintenance and promotion of the population's health, either through orientation, educational, diagnostic purposes, or through curative actions, restoring the user's health. Therefore, their inclusion in the project provides benefits for the population, enabling the reduction of potential oral and general health problems; thus, the insertion of dentistry students in the SUS promotes a more humanized training, allowing resulting in professionals who are more sensitive to Brazilian oral health[13]. Additionally, community actions, stimulated during graduation as part of the university's extramural activities, promote the interconnection between the university and community for the following reasons: to mitigate impacts on society, try to make it a more just and egalitarian society, and contribute to teaching and research functions[14]. It is important that students experience learning practices outside universities and hospitals, wherein they perform most of their internship activities, so that they do not develop a distorted view of the public health network, and learn the reality of the service and the population served by it. Observing the demands of the community, acting through ethical-pedagogical actions, considering the right to health, perceiving the patient as a unique being who has specific needs, and a dynamic experience of the health process is fundamental to students' development as health care providers in cross-sectional practice scenarios[15].

In view of all the two-way benefits between the community and universities, the University of Passo Fundo, Brazil, in partnership with the municipality of Passo Fundo, through the Municipal Health Department (MHD), developed the Project "Territorial Care Network" (RCT).

Initially, as part of this project, the activities aimed to assist in the coverage of basic health care of the community in the face of the COVID-19 pandemic, declared on March 11, 2020 by the World Health Organization (WHO). These activities included the following: seeking suspected cases of the disease; and acting, through home visits, in the identification of cases that required care, either elective or urgent. In view of the reduction in access to the health network, sought after by patients only in severe cases to avoid overcrowding of hospitals.

From the experience of the project, it was verified that the courses in the health area of the HEI should include participation in the SUS as a permanently requisite educational content and ensure that this is maintained continuously. In the initial project, the model experienced by undergraduate students facilitated the sharing of collective knowledge working in the Basic Health Units (UBS) and in the vulnerable territories indicated by the MHD itself, which varied in various parts of the city. Subsequently, with the continuity of the modus operandi of the original project, the activities focused on primary health care. These included the following: students performed home visits, in vulnerable territories and indicated by the MHD, and discussed the cases with the professionals working in the UBS and the other students present at the meetings; they endeavored to monitor patients with chronic diseases, promote health education actions, provide guidance on preventive examination collections, and participate in oral examinations and verification of vital signs; additionally, they engaged in promoting referrals and scheduling of preventive and routine tests, encouraging the care and detection of chronic diseases on the road, or acute diseases that required prompt care.

The proposal for this academic experience included extension projects, where volunteer students participated in the activities and curricular internships, such as the compulsory disciplines of Internship in Collective Health. The participants were encouraged to help improve the quality of life of people in the field of practice, and to understand the various forms of action of the SUS through the project. This aimed to provide students a means to expand their knowledge in relation to the SUS and primary care, understand how the provide care, become able to provide humanized and integral care to the user, and to put into practice the skills developed in the theoretical disciplines, thus favoring the population with the activities and actions promoted at the moments in the field.

The Dentistry Course, through the internships in Collective Health with the other courses of the university, endeavored to act cooperatively, promoting the students' visits to the territories and people's homes, and forming multidisciplinary teams with other colleagues, where guidance was provided regarding care, prevention, form of care in the UBS, and flows of the RAS. The activities generated several experiences and learnings to the students, which will be discussed below.

The importance of this report lies in the proposal of the experience of the collective stage in the confrontation of the pandemic, the appropriation of students for the integral care of users, and the understanding that the territory and the dynamics of the health-disease process transversalizes specialized knowledge, requiring a humanized and welcoming gesture, in addition to the indispensable need for listening. Additionally, this report describes the daily challenges encountered by students in primary care actions and home visits.

2 EXPERIENCE REPORT

RCT Project home visits strategy

Home visits (DVs) comprise the actions of home care (AD), which are characterized by

actions of health promotion, early diagnosis, prevention, follow-up, and treatment of diseases, ensuring continuity of care. These actions are integrated into health care networks[16]. One of the objectives of the VDs is the "dehospitalization" of care, facilitating access to health services permeated by the principles of bonding and humanization[17,18]. The VDs are performed by professionals of basic health units (UBS), such as community health agents (CHA), nurses and nursing technicians, doctors, dentists, and academics linked to internships and university extension projects; where there include the dispatch of a multiprofessional team, to the user's residence to monitor and learn about the health of residents, recognize the family environment, and plan appropriate actions for the family.

The visits to the community households included in the project took place throughout the week in morning and afternoon shifts. Students from various health courses were present in a weekly day/shift, according to their curricular hours. The work teams were formed by three students from different courses (e.g., Dentistry, Medicine, Psychology, or Dentistry, Pharmacy, Nursing; varying according to the day of the week/shift of the day), aimed at the interdisciplinarity of multidisciplinary teams during visits. These groups were supervised by the teachers responsible for the disciplines/internships.

The VDs were divided into two moments: first, the team presented themselves to the family, explaining the purpose of the visit, and began the collection of general information about the residents (demographic data; SUS card; level of education; chronic pathologies under treatment; general use of medications; screening of situations of addictions, such as alcoholism, smoking, or other drugs; disabilities; urgencies; and unassisted health demands), among other information to draw a profile of the inhabitants of the house. Second, the team resumed conversation with the family regarding more specific aspects of health, guided by the data collection instrument constructed within the RCT project, based on documents from the Ministry of Health (MS). In this phase, information was collected about oral health; women's health; medical, psychological, and speech-language pathology demands; etc. Issues involving domestic animals and zoonosis were also addressed with the participation of veterinary medicine trainees.

Subsequently, in a large team meeting guided by the teachers, each team presented the situation of the families. Subsequently, discussion rounds and referrals of demands were held, sharing with students/practitioners of other areas of health the needs to be met. Emergencies detected in the first visit were passed on to UBS professionals to be resolved as soon as possible.

The VDs were not limited to two meetings alone, and a follow-up of the family was conducted weekly according to the observed demands. The support of the UBS team was essential to ensure attention to referrals and resolution of the needs felt by the community. The proposal of unification and qualification of teaching-service was also within this dynamic, in a process of collective construction, where the service had institutional support with a greater number of professionals, and teaching included an aspect related to the real daily situation of community life.

The dynamics adopted for home visits allowed students to gain a multidisciplinary view of the family, being easily the detection of problems not reported by residents of the family after the moment of conversation and too the contribution of colleagues who composed the visiting teams, in view of the varied number of professionals multidiscipinaries that participated in the actions. Additionally, the contact with the UBS team was of great value to learn the flows of care and how the health unit organized and worked in the care.

Home visits

Visits to community homes intensified the understanding of the need and importance of people's general health and comprehensive health care. These experiences allowed the observation of the context in which the family was inserted, the most important demands of the residents, and how the environment in which they were living affected them in general health; additionally, these helped even in the forms of interpersonal relationships. It was also observed the need to leave technicality a little aside and understand the individual as a whole. Thus, the performance in the field, during graduation, had importance in the preparation of students for the reality of primary health care and showed that as health subjects, they must perform actions adapted to each family, within their reality; additionally, the students were instructed that to make positive changes in people's lives, they should starting with listening and care, that is, form interpersonal relationships with residents.

The creation of bonds with the community was important to learn the needs of the people in the community. Weekly home visits provided relaxed conversations, the resumption of subjects addressed at other times, and demonstrated to the user the real concern of the students/team regarding their health and life condition, thus facilitating the formation of a bond with the family, which noted the persistence of care promoted by the team[10,19]. The close proximity with the residents allowed the understanding of superficially treated issues, thus expanding knowledge, making it possible to contribute in a better way in solving problems by familiarizing with the problems of the residents. Therefore, the conversation with residents, especially the initial one, should not take place following a script, or focused only on a subject to ensure that there is a wider space for conversation with the residents. Intimacy with the family, dialogue, and attention to simple detail contribute to the connection of important information such as seen in cases where a smoking habit was potentially related to loneliness, such as when we started the conversation, the lack of attention and care of family/friends/neighbors to the resident was evident.

Visits should follow spontaneously and several subjects can and should be addressed; moreover, the topic of conversation should not only be restricted to health-related problems[16]. Often, residents, when noticing receptivity to hear them, open up to new conversations and themes; this allows students/practitioners to know them better, and consequently, gain an in-depth knowledge of their history. It is worth noting that this view emerges with and is defined by the team, where, for example, the dentistry student completes their multidisciplinary examination with that of the psychology student, thus reinforcing bonds and presenting a better form of listening; another where nursing students contribute with a different viewpoint; thus, the network is built and comprehensive care is carried out.

In the health unit, at the meeting point, the cases that were passed on to all colleagues in a conversation wheel during the end of the meeting, called the round, were discussed. Often situations of family conflicts, chemical dependence, health-related problems, and basic food or housing needs were identified, which eventually instigated the search for ways and partnerships in order to contribute positively to an improvement of the family's reality.

Acting in the community provided students with living the practice as the SUS is the first point of contact of primary care. The monitoring of families contributed to the personal and professional growth of students, making them more human easing during care for the community that also benefited, as residents were encouraged to seek care and treatment, contributing to prevention and reducing health problems.

Some limits and challenges were perceived

during the visits, such as cases in which the residents were not receptive, and did not reveal details that would allow students to draw a profile of the family; thus, it was not possible to establish a bond. Additionally, the indifference during the actions developed in the visits and the convenience of some in not wanting to adhere to the treatment of existing diseases became, at times, a challenge to work with the community. Moreover, because of occupational and socioeconomic conditions, some residents reported non-compliance with preventive activities or clinical follow-ups of diseases, seeking to access care from the network only in cases of emergencies, being an addiction installed and very observed in visits, being discouraging for professionals working with actions in the community.

Interdisciplinarity with a focus on integrality

The SUS has the objective of providing comprehensive care to users[4]; therefore, it is extremely important that teams be formed by professionals from all health areas, since to achieve comprehensive care, as proposed by Law 8080/90[4], in Brazil, patients should have the possibility to access the system at all levels and be assisted with all their health needs. Most of the time, in a single household, the family, or even an individual of the family, had the need for attention of professionals of various specialties and levels of attention of the network, given the complexity of the human being and the vulnerability of some territories. Therefore, the team that provides care needs to be composed of the largest number of professionals from all possible areas to achieve the resolution of cases and provide comprehensive care.

In the training of health professionals, there exists a challenge in the articulation between different health courses that can work in an integrated manner; moreover, in many institutions, this process of integral teaching-learning does not occur - focusing on specialization, it becomes fragmented; additionally, the activities developed in the territory stimulated the academics training in team work, decreasing the chances of fragmentation of health care networks may occur, because the professionals were trained for the dynamics proposed by the SUS; not practicing the isolated clinic. Currently, academic training should overcome challenges associated with this model[20]. The RCT project can be considered an investment of efforts from various areas aiming at the articulation between students of biology, nursing, pharmacy, physiotherapy, speech therapy, medicine, veterinary medicine, dentistry, psychology, and social work. The objective of home visits was that all these areas should be addressed and worked on if necessary. However, during the VDs, all academics from each course/area were not present; therefore, all aspects related to family health observed were resumed in the final discussions so that everyone could contribute with respect to their areas and resolve the specific demands observed. This work methodology from the project allowed the training of health professionals with a modifier and questioning profile beyond their own area of activity, which is expected in relation to health work, from the perspective of integrality in primary care and in the true formation of a care network.

In the VDs performed, in many households, there was a need for continuous care for the chronic diseases of the residents, such as the organization and orientation in relation to the dosage of the drugs used, especially in homes where there were elderly people with low levels of education. Thus, in these households, there were demands from two or more origins for a single resident, further increasing the need for interdisciplinarity and the importance of integral work, where students acted as general health professionals, contributing to the help of areas that do not always present themselves in the units. This action allowed students to broaden the perception of interdisciplinary work and intensified

the need to understand the dynamics of the care process, which needs to transversalize knowledge in a playful way and in a way that is understandable to users.

Multidisciplinarity contributes to the community having its demands met broadly; it also reinforces the links in the team and with users, making the problem-control of the process more humanized. Often, situations were identified during the visits, when the family reported not having information about who to turn to in times of need. This demonstrated that having the specialty care available to the community was not synonymous with comprehensive care. On the contrary, the specialty can often widen the distance between the user's access and attention to their need. Therefore, the team should not fail to use light care technologies, which are stimulated by VDs, as well as humanized care and team care. Within the practice in the project, when the students worked within their respective areas together with the other students, they perceived the improvement in the quality of life of the community, because they undertook the task to ensure that no reported condition went unnoticed, thus improving care and attention to all users. Therefore, interdisciplinarity contributed to the care of families that began to be heard and assisted. Furthermore, teamwork provided dynamic actions regarding the principles of the SUS, which were implemented more easily and in a more humanized way.

The focus of the undergraduate degree in dentistry often lies in training and developing techniques, being predominantly curative. The experiences in the field were of great value, because it was one of the few moments of extramural curricular activities where one learns the importance of comprehensive care, teamwork, and prevention care; additionally, these helped to develop, in practice, individualized care, which at first was a difficulty reported by students, until they learned to study the family unit and adapt the information and actions to that reality and level of understanding, considering that the activities were carried out with a community with different levels of education and access to information.

In the project, we put into practice what was learned in theory, which deepened in aspects that only the activities in the field enabled, making us better prepared to work in the SUS and other services in the future. Thus, by means of this project, an understanding that the project needs differentiated human beings was developed, with a look at integral and humanized care to function enhancing and contributing to the professional and personal training of the participants.

Round

The discussions of the cases observed in home visits took place at the end of the shift, in the neighborhood health unit. The urgent demands were passed on to the team that worked in the health unit, as in a case found during a visit, in which the resident had decompensated blood pressure for 2 weeks. This ensured that there was a flow of communication between the students who worked in different shifts, using a panel with warnings about the needs of some households, especially if during the visit no academics in the area of demand found were present.

The discussion with the team allowed the exchange of experiences, knowledge, and suggestions to be worked with the families in subsequent visits. Case discussions allowed the entire team to underscore potentially unnoticed issues during visits, providing learning about the importance of teamwork in conjunction with other areas. Such meetings were also used to realign some actions and organize the activities in an interdisciplinary manner.

The moments together in the health unit, before or after home visits, also allowed a greater interaction between students of the various courses

that worked together in the project, showing the importance of collective and multidisciplinary work in university education, where one of the students of the psychology course stressed about respecting the process of the maturing of others and taking care of the flood of information passed onto some families - because not all absorb the information quickly. Thus, students developed an understanding that one must work gradually with the community, as bonds are created in time with the residents. Reading reality transforms the agent who cares, decreases judgments, and credits listening, paving the way for solutions that are compatible and adjustable.

The discussions allowed students to consider the issue beyond the oral context: technical moments will continue to have their place and their importance, but knowing how to add humanized care brings true excellence in treating people.

In a way, the project and the actions carried out were of great importance in the student´s development. By means of this project, students had the opportunity to practice the principles and guidelines of the SUS, expand extramural knowledge, learn about the importance of multidisciplinary care and relationships with other areas of health and with patients, and learn to always prioritize the integral care of the population, in addition to understanding the strength of teamwork. The project also had significance for students to feel and witness the challenges in the territory and public health in Brazil and comprehensive care, realizing the errors that lead to fragmentation and interruption of care, culminating in non-problem-solving or worsening of the population's health.

3 FINAL CONSIDERATIONS

The activities developed in the project enhanced the training of dentists and other health professionals in a unique way, emphasizing the importance of interdisciplinarity; integral patient care; multidisciplinary teamwork; allowing practice in the territory and the community without simulating the reality of the population; stimulating to know the SUS, its guidelines and principles; and the reality of the system, including its strengths and weaknesses. When analyzing the lived experiences, it is identified that actions aimed at the most vulnerable communities in their territories are beneficial for families, while also being challenging; the individual planning of each family and provision of community support to the actions developed was a significant experience for students.

Furthermore, the project was essential for gaining knowledge about the territory and its importance, and the strategy of the health care network, created by understanding the subjects in their singularity and complexity, relating pathologies with their biopsychosocial conditions, their way of life, work, the place in which the individual is inserted, and their perception of the health-disease process; several factors should be worked with the residents that are indispensable for their health and well-being, which was the main focus of the project's activities.

RESUMO

Projeto Rede de Cuidados Territoriais: cuidado integral e multiprofissional como prática de aprendizagem

Na formação do profissional de saúde é essencial o conhecimento sobre o Sistema Único de Saúde (SUS) além da teoria, sendo importante a vivência prática da interdisciplinaridade e interprofissionalidade no cuidado integral dos indivíduos. O presente relato de experiência descreve, sob a visão de um aluno do curso de odontologia, as principais ações, como as visitas domiciliares, que tinham o enfoque na atenção primária à saúde, a busca ativa de demandas urgentes dos usuários e a importância delas no cuidado em saúde de uma comunidade incluída no Projeto Rede de Cuidados Territoriais, realizado pela Universidade de Passo Fundo,

Brasil. O relato de experiência traz os aprendizados e reflexões gerados durante os encontros em equipe, como consequências das visitas domiciliares multidisciplinares, que ocorreram semanalmente, propiciando ao aluno o acompanhamento de famílias e a criação de vínculos, visando o cuidado e a atenção integral. As ações do projeto contribuíram para a formação acadêmica dos alunos de diversos cursos da área da saúde de uma Instituição de Ensino Superior (IES), permitindo a prática no território, na comunidade, sem simulações. A partir da realidade da população, o grupo acadêmico foi estimulado a conhecer o SUS, pela vivência das suas diretrizes e princípios, a realidade do sistema, incluindo suas fortalezas e fraquezas. Identifiquei, a partir dessa experiência, que ações voltadas as comunidades mais vulneráveis em seus territórios são desafiadoras, principalmente em relação a tomada de decisões na atenção integral à saúde dos indivíduos.

Descritores: Atenção Primária à Saúde. Sistema Único de Saúde. Odontologia Comunitária. Visita domiciliar. Saúde da Família. Educação Superior.

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