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MULTIPROFESSIONAL PERFORMANCE: THE IMPORTANCE OF EVALUATING THE PATIENT'S SOCIAL CONTEXT

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ABSTRACT

This work discusses important aspects of the multiprofessional performance, which under an interdisciplinary perspective, is fundamental in the transformation of the existing model of health care. This process requires the appropriation of a new way of acting, capable of increasing the participation of individuals in their health-disease process. Interventions performed by a multidisciplinary team are fundamental for comprehensive patient care, where the social, psychological and environmental aspects are incorporated in the health evaluation, at the same level of relevance of the biological aspects. The importance of implementing the use of assessment tools for the social context adapted to the Brazilian context in the evaluations of the multiprofessional teams was identified, specifically the Gijón Socio familiar Assessment Scale, which is able to indicate possible situations of risk or social problems experienced by the elderly.

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INTRODUCTION

The latent epidemiological and demographic transitions are discussed worldwide, motivated by the emergence of different infectious, environmental and behavioral risks. These situations indicate the urgent need for changes in the training of health professionals, and these, in turn, should reflect the ways of thinking about health and also review the design of their practices (Frenk *et al.*, 2010; Panel, 2011). Traditionally, the concept of disease is conceived as a preponderant factor of human suffering. The deconstruction of this conception, historically forged, implies a challenge for health professionals, who have the production and reproduction of their practice centered in the clinic, and also in the appreciation of the biological aspects of the individuals (Sousa Campos, 2000; Merhy; Feuerweker, 2009). In this scenario, the contemporary health care has been rethought under new horizons of collective knowledge. However, it still carries at its heart, remnants of the historical legacy of the "body organ clinic", with the medicalization of the health- disease process (Merhy; Feuerweker, 2009). Transforming the existing model of health care requires the appropriation of a new way of acting that is capable of increasing the participation of individuals in their health-disease process and in their lives.

Multidisciplinary care

The multiprofessional work, under the interdisciplinary perspective, is fundamental in the apprehension of the health disease process. In this sense, to implement multiprofessional care to patients regulated by hospitals of high complexity in Campo Grande-MS-Brazil, in 2013, the Integrated Continued Care Unit (ICCU) was implemented at the Hospital São Julião (HSJ). The ICCU's work teams are composed of professionals from the areas of nursing, pharmacy, physiotherapy, speech therapy, medicine, nutrition, dentistry, psychology and social work. For this type of service, multiprofessional work is indispensable. Involvement between the different professions is necessary, so that there is interaction between the areas, both at the core and in the development of practice (BISPO; Taveres; Tomaz, 2014; Sousa Campos, 2000; Gattás, 2006; Merhy; Feuerweker, 2009; Paim, 2010). According to the Association of Schools of Public Health (ASPH), the participation of different areas plays an important role as it

develops in collaborative and interdisciplinary approaches and teamwork to improve the health of the population (Panel, 2011). As a member of a multidisciplinary team, different concerns arose in the course of my professional work, which gave rise to theoretical and practical questions, as well as the difficulty of establishing the relationship between them. Thus, in this study, a narrative review was performed based on scientific articles on health intervention aspects from a multidisciplinary and interdisciplinary perspective. The identification of the need to continue investigations in this universe was based on experiences with the Multiprofessional Health Residency Team of the Federal University of Mato Grosso do Sul - UFMS, whose practice was carried out at the Integrated Continuing Care Unit of Hospital São Julião. The ICCU provides multidisciplinary care to patients who present physical and/or cognitive limitations that were acquired by external factors or by chronic/acute condition, which are referred by the Hospitals of High Complexity of Campo Grande, and tracked by the High Management Teams (HMT).

The patient admitted for ICCU care can remain from 15 to 60 days and is accompanied by a multiprofessional team. Inserted in the guidelines of the Expanded Clinic (BRASIL, 2007), the team adopts different devices in the course of care such as reception, health education, unique therapeutic project, programmed discharge, agreement with the local health care network, etc. The patient admitted to ICCU care can stay from 15 to 60 days in the service, where he is accompanied by a multiprofessional team. Inserted in the guidelines of the Expanded Clinic (BRASIL, 2007), the team adopts different devices in the course of care such as reception, health education, unique therapeutic project, programmed discharge, agreement with the local health care network, etc. To understand the health-disease process in its entirety, without the individual being "dismembered" and "treated" in a fragmented way, some steps in the course of care are established. According to the individual demands of each patient attended at ICCU, different tools are adopted for the evaluation and screening of situations that require interventions of health professionals in their different areas of activity. They also enable the proposition of interdisciplinary actions that provide new methodological approaches to intervention and professional practice. Findings in the literature show that interventions performed by a multidisciplinary team are fundamental for comprehensive patient care related to biopsychosocial aspects, justifying the use of different protocols associated with the devices indicated by the Brazilian Unified Health System. For the initial assessment of the patient, each area has individual strategies ranging from observation, qualified listening, forms, and use of different evaluation instruments such as Pfeiffer, Barthel, Mini-mental, Braden, Zarit, Lawton, Yesavage, Gijón, among others. The evaluations by area are discussed in meetings of the multiprofessional team to subsidize the construction of the singular therapeutic project (BRASIL, 2007).

Gijon's Social-Familial Evaluation Scale

All scales adopted by ICCU are validated and adapted for use in the Brazilian context, with the exception of the Sociofamiliar scale, also known as the Gijón scale (García Gonzáles *et al*., 1999). The use of this scale in a situation of non-validation for the reality of the Brazilian elderly can compromise the social risk assessment of this population. In its original Spanish version, the Gijón scale was considered as an instrument of high reliability, able to assess the social situation and indicate possible situations of risk or social problems experienced by the elderly (García Gonzáles *et al*., 1999). As previously mentioned, this scale has not yet been adapted and validated for the Brazilian context, indicating the relevance in making available a version adapted to the reality of the elderly living in Brazil. In addition, no other assessment instruments for the social universe of the elderly were identified that are adapted for the Brazilian population (Domingues *et al*., 2012; Maia, *et al*., 2014). The evaluation of the patient restricted to the biopsychosocial aspects compromises the integral evaluation and the programming of the interventions. The inclusion of social aspects in this evaluation is fundamental for a more efficient planning of actions from the point of view of integrality, equity and universality (García Gonzáles *et al*., 1999). Thus, the need to conduct a study aimed at the adequacy of assessment instruments in the social area was identified. In this context, the translation and cross-cultural adaptation of the socio-family assessment scale (Gijón scale) is being carried out by one of the authors of this work, as a master's research in the Graduate Program in Health and Development in the West Central Region, a interdisciplinary graduate program at the Federal University of Mato Grosso do Sul - Campo Grande - MS – Brazil. This university also hosts the Multiprofessional Residency in Integrated Continuing Care - Area of concentration: Attention to the Health of the Elderly. With this, changes in the way of conceiving the human being are expected, where the social, psychological and environmental aspects are incorporated in the health evaluation, at the same level of relevance of the biological aspects. The integrality emerges here, which in turn envisions differentiated dynamics between the actors of the health-disease process, so that they can actually organize themselves in the protagonism of health production, where the professional team works in an interdisciplinary and multidisciplinary way (Frenk, *et al.*, 2010; Thistlethwaite, 2012).

Final considerations

It is fundamental that multiprofessional teams act in the integral care of the patient, valuing their participation in a critical, ethical and humanistic way. The composition of the multiprofessional team should be planned based on the different aspects of the patient's life. In this way, inserting the social context is a crucial element for the integral evaluation of the individual. The evaluation of the patient restricted to the biological and psychological aspects compromises the integral evaluation and the programming of the interventions. The inclusion of social aspects in health assessment is fundamental for more efficient planning of actions from the point of view of integrality, equity and universality. The insertion of the social worker in the multiprofessional team implies the addition of different techniques and instruments to the patient's evaluation universe, making it possible to act on the social context, social relations, and social determinants that interfere directly in the health and illness process. The importance of implementing the use of assessment tools for the social context adapted to the Brazilian context in the evaluations of the multiprofessional teams was identified. It is understood that Gijón Sociofamiliar Assessment Scale, when adapted to the Brazilian reality, will assist professionals from different areas, in the programming of actions and interventions with the elderly population in Brazil.

Therefore, it is proposed to health care workers the responsibility to overcome the specific evaluations of individuals under the biological and psychological aspects, incorporating the social context, composing the triad able to fully measure the relationships of the health disease process of the population.

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