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CURRICULAR INTERNSHIP OF NURSING TRAINING IN THE FAMILY HEALTH STRATEGY SCENARIO: EXPERIENCE REPORT

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ABSTRACT

Objective: to report the experience of a Nursing student during the completion of Supervised Curricular Internship I in the Family Health Strategy scenario. **Methodology:** This is a descriptive study, of the experience report type, carried out by a student during the Supervised Curricular Internship I. The activities developed were recorded by the student in a field diary during the internship, which was the basis of the elaboration of this experience report. **Results and discussion:** Experiences during the supervised internship in the context of the Family Health Strategy culminated in the following categories: Nursing management practices; Care activities in the primary health care context; Contributions and challenges of the Supervised Curricular Internship for student training. **Conclusion:** The Supervised Curricular Internship I is an indispensable tool for the training of students, allowing to increase the knowledge about the role of nurses in primary health care.

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INTRODUCTION

The Family Health Strategy (FHS) aims to redefine and reorganize family health care, leading professional practices towards health promotion, disease prevention and rehabilitation, taking into account the principles of the Unified Health System (SUS) and thus improving the quality of life of the population (SORATTO *et al.*, 2015). Primary Health Care (PHC) is the main gateway to the health system and must offer

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the resolution of the health needs of the community either in the reference, counter-reference, embracement, listening, or troubleshooting responses that minimize damages and suffering, being responsible for the comprehensive care of the population (GARUZI *et al.*, 2014). In this perspective, comprehensive care to the population in the FHS aims at embracing the family within its social context. This requires strengthening the ties between the health team and the community. Interpersonal relations within the team and with the community favors the dissemination of knowledge and the experiences between professionals and users of the service, facilitating the development of the work (FERNANDES *et al.*,

2015). The nursing practice in the FHS context is closely related to the care and organization of services. SO, although not specified in the National Primary Care Policy (PNAB), nurses are the professionals that end up assuming the management and coordination of Family Health Units (FHU). In order to provide quality health care, effective management is necessary in the use of administrative tools such as planning, organization, coordination and control, as they provide compatible human and material resources to develop adequate care practices (MELO; MACHADO, 2013). The National Curriculum Guidelines (NCGs) for Undergraduate Nursing Training include contents of administration and management in the primary healthcare network. These contents aim to prepare nurses to assume the functions of managers. Besides being guided by public policies in the health and education areas, reinforced by professional legislation, nursing management is recommended by Law nº 7,498, Art. 11º of June 25, 1986 (CAMELO, ANGERAMI, 2013). It is important to emphasize that the early insertion of students in theoretical and practical actions in PHC services allows students to experience the context of nursing actions, making them critical and reflective about the demands that arise in this area of practice (FRACOLLI; CASTRO, 2012).

It is a participatory approach within the process of training nurses, to enable them to establish a dialogue between the diversity of knowledge they encounter in everyday life, contributing to emancipatory care, using the knowledge learned in favor of the well-being of the population (BARBIANI *et al.*, 2016). In view of the above considerations, it is necessary that nursing professionals know, reflect and compare their managerial competences before the challenges faced in the routine of their work in the FHS, identifying the potentialities that can assist them in decision making. Thus, the study becomes relevant because the results found are important to nursing students and professionals while facing eventual management challenges in the daily routine of their work in the FHS, consequently improving the quality of the service. In this context, the objective of the present study was to report the experience of a Nursing student during the Supervised Curricular Internship I in the FHS scenario.

MATERIALS AND METHODS

This is a descriptive study, of the experience report type, conducted by a student during the Supervised Curricular Internship I (SCII), in the 9th semester of the Nursing undergraduate course of the Unidas Faculty of Research, Sciences and Health (FAPEC), in Jequié/BA. The internship field was a FHS unit from a neighborhood in the suburbs of the municipality studied. The internship took place between February and June of 2018, with a total workload of 400 hours. The activities were developed from Tuesday to Friday in the morning and afternoon, under the supervision of a professor of the FAPEC. The internship field was initially recognized, with information on the routine of the service. During the meetings with the team, weekly planning and the preparation of the situational diagnosis of the unit, to know the sociodemographic and epidemiological profile of the population enrolled in the FHS, were performed. As regards the physical structure, the ESF unit had: 1 waiting room, a reception, 1 vaccine room, 2 nursing offices, 2 medical offices, 1 dental office, 1 procedure room, a pharmacy, purge area, warehouse storeroom, 1 nebulization room, 1 center of sterilized materials (CSM), 1 kitchen, a meeting room, ladies'

and men's toilets for users, and toilets for employees. The FHS unit had two family health teams, with two physicians, two nurses, six Community Health Agent (CHAs) for each team and a dental surgeon who assisted the two teams. Initially the activities were developed in team 2, but we noticed the need to also contribute with the demands of team 1 in some programs. Management and care practices were carried out at the unit. Care activities included the following programs of the Ministry of Health: Women's Health (prenatal care, cytopathological examination, Family Planning); Child Health (Child Care); and Adult and Elderly Health (Hiperdia). Furthermore, educational activities at the FHS and home visits along with CHAs were carried out. The activities developed were recorded by the student in a field diary during the internship, which subsidized the elaboration of this experience report.

RESULTS AND DISCUSSION

The experiences during the supervised internship in the FHS context will be reported below. They culminated in the following categories: Nursing management practices; Care activities in the primary health care context; Contributions and challenges of the Supervised Curricular Internship for student training.

Nursing management practices: Nursing management is focused on administrative processes aimed at achieving goals and ensuring the balance within the team. The manager should always maintain an ethical attitude, be impartial, flexible and a good leader, manage conflicts and establish effective communication (PAULA *et al.*, 2013). During the period of immersion in the practice field of the SCII, management activities were performed. This function made it possible to plan the activities to be carried out during the week, request material and supplies, carry out Internal Communication notes (IC), and organize the unit. Whenever possible, participation in the following activities were also carried out: planning of goals and objectives for the week, supervision/assistance to CHAs for typing the productivity, supervision of technicians in the vaccine room, reference and counter-reference, and scheduling of educational activities/commemorative dates and week meetings with the CHAs of the team. Printings that allowed the organization and standardization of some sectors were also produced. Regarding the planning and implementation of educational activities in health, we noted the relevance of this practice in the context of primary health care. Thus, health education actions were carried out on commemorative dates and in the waiting room with themes related to the health needs of the community, aiming to sensitize them about adherence to healthy habits. In order to ensure the participation of users in health education activities, it is sometimes necessary to carry out these activities in community spaces of the area covered by the BHU (Basic Health Unit), taking advantage of commemorative dates, and also use the space of the waiting room of the unit to, highlighting the general needs of the community or of each specific group (KEBIAN; OLIVEIRA, 2015). The organization of the work process in health requires from the professionals involved an effective communication dynamics that allows a model of division of labor of equal professional value. The health team plays a significant role in solving family and community health problems; thus, the interaction among its members in the provision of comprehensive care to patients is essential in the embracement of users (VIEGAS; PENNA, 2013). From this perspective, nursing management

makes it possible to understand the management process such as caring for work objects, organization, and material and human resources. In this sense, knowledge about the organizational process, teamwork, labor laws, personnel management, and conflicts is necessary. Leadership spirit, knowledge about information systems, and professional autonomy in decision making are indispensable.

Care activities in the primary health care context: Nursing activities in primary care are based on social practice involving the concept of expanded clinic starting from embracement and Nursing Care Systematization (NCS). However, these actions are sometimes related to a series of difficulties, such as work overload, weak interpersonal relationships, lack of material and human resources, inconveniences in the way to the home visits, and other administrative obstacles that make some of the exclusive activities of nurses difficult (COSTA *et al.*, 2015).

Nursing consultations favor the development of the care practice because they offer an opportunity to establish a therapeutic relationship with patients, forming a bond of trust between users and professionals. This bond, in turn, contributes to a better understanding of the patients' social and family context. From this perspective, nursing consultations make it possible to identify risks and conflicts, allowing nurses to establish possibilities of coping and confronting with the problems identified (KEBIAN; OLIVEIRA, 2015). With regard to care activities, scheduled nursing consultations of continued care were carried out, including childcare and prenatal care visits, Hiperdia (Program for monitoring of arterial hypertension and diabetes), family planning, preventive care, and consultations to meet spontaneous demand when necessary. The activity of the childcare program refers to care actions for children in the period between the first day of birth and two years of life. It has the objective of promoting health and preventing diseases. This care that can be provided through actions aimed at healthy growth, developing practical and educational interventions on hygiene actions, cognitive and behavioral development, vaccination, feeding, and others (GUBERT *et al.*, 2015).

Prenatal consultations aim to guarantee comprehensive care for mothers and children and prevent complications related to the gestational process. Thus, when properly performed, prenatal care can prevent abortions, malformations, perinatal death, maternal death, and can favor the emotional preparation of mothers and families for childbirth by making them receptive to changes and to the necessary care to be given to the child (ANDRADE *et al.*, 2013). Another program of fundamental relevance in FHS is Hiperdia. This program establishes goals and guidelines to improve the actions of prevention, diagnosis, treatment and control of Hypertension and Diabetes Melitus, in order to reshape the health care for hypertensive and diabetic patients. Furthermore, the program aims to guarantee adherence to treatment and consequently improve the quality of life of the population, reducing morbidity and mortality that generates great impact on the health system (GOMES *et al.*, 2010). The FHS aims to facilitate patients' access to preventive and collective family planning actions under the conditions that are convincing and favorable. However, these actions must serve the autonomy of the users. Integrated actions for women's health such as prevention of sexually transmitted diseases and cervical cancer are opportunities to enable preventive care and expand the care network by optimizing the patients' link with the health unit (MOURA *et al.*, 2007). Some nursing services offered were also expanded. Thus, it

was possible to carry out a greater number of consultations than what is usually offered according to the disposition of the professionals for consultations. Besides consultations at the BHU, home visits were made, favoring a good interaction with the family health team and the patients who were unable to attend the unit. Active search for users who were resistant to follow-up at the unit, especially those enrolled in the Hiperdia program, was also carried out. The main purpose of the home visit is to provide health care and guidance, collect data on housing and family basic sanitation, and promote health guidelines. During this stage, this activity occurred in the company of a CHA responsible for the micro-area in which the users resided, and a book was used to record the visits, for later record in the patients' medical records. Home visits are seen as a way to provide care with the purpose of extending the actions to the population within its social context, allowing a greater approximation within the health-disease process, thus promoting health and strengthening public health policies (NASCIMENTO *et al.*, 2013).

Contributions and challenges of the Supervised Curricular Internship for student training:

The SCII has as principles the development of activities that are competences of nurses in order to qualify students to work in the primary health care network. Therefore, the internship was structured in order to further the knowledge and skills acquired in the various courses and activities offered by the educational institution throughout the undergraduate training. There was integration between theory and practices, but there were isolated particularities that led to the use of creativity based on ethical and legal principles that govern the profession. The scope of action of the FHS is very large and it is composed by a multidisciplinary team, including professionals with both higher education and technical training, which add theoretical, technical and scientific knowledge in the family approach, contributing to the improvement of the quality of life of the population and reduction of social inequities (ELLERY *et al.*, 2013). Communities are typically characterized by the presence of population groups of social risk residing in suburbs. The little number and complete absence of opportunities are interrelated, with high unemployment rates, lack of essential public services, and scarce resources to meet basic human needs such as education, basic sanitation, and access to health services in a comprehensive way. This context is also marked by violence and drug use, leading to greater social conflicts. The reality in question has become a challenge for the management of activities, because the Social Determinants of Health (SDH) have a direct impact on the reach of the resolution of the actions developed.

Interpersonal relationships were another factor that became challenging during this process, because there was already a disharmony among the members of the health team, which made it difficult to carry out the actions. It was necessary to strengthen the bonds created during the accomplishment of the proposed activities, winning the credibility of the team and the population. Interpersonal relationships facilitate the exchange of experiences between team members, improving knowledge and providing better work development. Thus, interaction, communication and action stimulate professionals and reflect on the quality of care provided to users. Therefore, teamwork contributes to the success of health actions (FERNANDES *et al.*, 2015). With regard to contributions of the SCII to student training, we can highlight: the knowledge about activities and procedures made available to the community in the scope of

the BHU; the opportunity to work together with the team in promoting the health and preventing health problems of individuals; development of skills and competences to assist users of primary health care in a holistic and comprehensive way; accomplishment of cervical cervix cancer screening, through the accomplishment of large collective work of preventive examination, among others. Furthermore, practices in the field of training favored the understanding of the experience of nurses in the basic health unit and the creation of ties with the community, knowing its social context, its real problems, and the risks to which people of the community are exposed, assisting them in decision making.

Conclusion

It is evidenced that the SCII is an indispensable tool for the training of nurses, since nurses need to use the knowledge acquired during their training to support their professional practice and performance. It was found that interpersonal relationships are essential to maintain the balance and to strengthen the bonds between team members and the community; this integration makes it possible to reach the proposed goals and objectives that are indispensable for the work of a health team. The experience of the supervised internship allowed to obtain a clear view about the objectives of primary health care and the experience of nurses performing in the FHS, knowing the social context of the community, the real problems and risks to which they are exposed, and therefore facilitating the execution of a planning that assists nurses in decision making.

REFERENCES

- Andrade, N.A. *et al.* 2013. Percepção de gestantes sobre as práticas de acadêmicos de enfermagem na assistência pré-natal. *Rev enferm UFPE on line*. Recife, out.7. pp. 6061-66.
- Barbani, R. *et al.* 2016. Práticas do enfermeiro no contexto da atenção básica: scoping review. *Rev Latino-Am Enfermagem*. 24, pp.1-12.
- Camelo, S.H.H., Angerami, E.L.S. 2013. Competência profissional: A construção de conceitos, estratégias desenvolvidas pelos serviços de saúde e implicações para a enfermagem. *Texto Contexto Enferm*. Florianópolis, 22(2):552-560.
- Costa, R.H.S. *et al.* 2015. Prática clínica do enfermeiro na Estratégia de Saúde da Família. *Saúde (Santa Maria)*. Santa Maria, 41(2), pp. 09-18.
- Ellery, A.E.L. *et al.* 2013. Campo comum de atuação dos profissionais da Estratégia Saúde da Família no Brasil: um cenário em construção. *Physis Revista de Saúde Coletiva*. 23(2), pp. 415-437.
- Fernandes, H.N. *et al.* 2015. Relacionamento interpessoal no trabalho da equipe multiprofissional de uma unidade de saúde da família. *J. res.: fundam. care*. Online.7(1), pp. 1915-1926.
- Fracolli, L.A., Castro, D.F.A. 2012. Competência do enfermeiro na atenção básica: em foco a humanização do processo de trabalho. *O mundo da saúde*.36(3), pp. 427-432.
- Garuzi, M. *et al.* 2014. Acolhimento na Estratégia Saúde da Família: revisão integrativa. *Rev Panam Salud Publica*. 35(2), pp.144-149.
- Gomes, T.J.O. *et al.* 2010. Controle da pressão arterial em pacientes atendidos pelo programa Hipertensão em uma Unidade de Saúde da Família. *Rev Bras Hipertens*. 17(3), pp. 132-139.
- Gubert FA, Santos DAS, Pinheiro MTM, Brito LLMS, Pinheiro SRCS, Martins MC. Protocolo de Enfermagem para consulta de puericultura. *Rev Rene*. 2015;16(1):81-9.
- Kebian, L.V.A., Oliveira, S.A. 2015. Práticas de cuidado de enfermeiros e agentes comunitários de saúde da estratégia saúde da família. *Cienc Cuid Saude*. 14(1), pp. 893-900.
- Melo, R.C., Machado, M.E. 2013. Coordenação de unidades de saúde da família por enfermeiros: desafios e potencialidades. *Rev Gaúcha Enferm*. 34(4), pp. 61-67.
- Moura, E.R.F. *et al.* 2007. Dinâmica do atendimento em planejamento familiar no Programa Saúde da Família no Brasil. *Cad. Saúde Pública*. Rio de Janeiro,23 (4), pp. 961-970.
- NASCIMENTO, J.S *et al*; Visitas domiciliares como estratégias de promoção da saúde pela enfermagem. *Rev Bras Promoc Saude*. Fortaleza, out./dez., 2013; 26(4):513-522.
- Paula, M. *et al.* 2013. Processo de trabalho e competências gerenciais do enfermeiro da estratégia saúde da família. *Rev Rene*.14(4), pp. 980-987.
- Soratto, J. *et al.* 2015. Estratégia Saúde da Família: Uma inovação tecnológica em saúde. *Texto Contexto Enferm*. Florianópolis, Abr-Jun;24(2), pp. 584-592.
- Viegas, S.M.F., Penna, C.M.M. 2013. A construção da integralidade no trabalho cotidiano da equipe saúde da família. *Esc Anna Nery (impr.)*. 17(1), pp. 133-141.
