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The Extended Family Health Care Center (NASF) as a strategic setting for interprofessional health teaching

O Núcleo Ampliado de Saúde da Família como espaço estratégico de aprendizagem interprofissional em saúde

El Nucleo de Apoyo a la Salud de la Familia (NASF) como espacio estratégico para el aprendizaje interprofesional en salud

*Pedro Henrique Silva de Macêdo**
*Bárbara Patrícia da Silva Lima***
*Vladimir Andrei Rodrigues Arce****

Abstract

Introduction: Interprofessional training experiences in the context of the Extended Family Health and Basic Care Center (NASF-AB) may be an important strategy to counteract health work – and consequently health care – fragmentation, favoring a more effective health practice based on the community's health needs. **Objective:** To discuss an interdisciplinary and interprofessional health training experience of a speech-language-hearing student, which took place as a required internship at an NASF-AB in Salvador, Bahia, Brazil. **Description:** The students' activities were organized into 5 focuses of effort, namely: 1. Case discussions with professionals aiming to update the Unique Therapeutic Project; 2. Educational groups focused on prevention; 3. Individual attention; 4. School Health Program; and 5. Pedagogical intervention with professionals. **Final considerations:** The interprofessional training experience at the NASF-AB helped develop collaborative competencies for interprofessional teamwork, such as interprofessional communication, role clarification, teamwork, and responsibility, which are essential to

*Universidade de São Paulo, São Paulo, SP, Brazil.
**Universidade Estadual de Ciências da Saúde de Alagoas (UNCISAL), AL, Brazil.
***Universidade Federal da Bahia, BA, Brazil.

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PHSM: study design, methodology, data collection, article outline and critical review.
BPSL: article outline and critical review.
VARA: study design, methodology, critical review and guidance.

Correspondence email address: Pedro Henrique Silva de Macêdo - pedromacedo@usp.br
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provide comprehensive health care. It also helped reflect on the limitations of the hegemonic, essentially clinical, fragmented speech-language-hearing training in Brazil, as well as this professional's insufficient inclusion in primary health care. During the experience, other considerations arose and helped understand important concepts combining the theory and practice experience in the field.

Keywords: Interprofessional Relations; Curriculum; Health Human Resource Training; Primary Health Care.

Resumo

Introdução: Experiências de formação interprofissional no âmbito dos Núcleos Ampliados de Saúde da Família – Atenção Básica (NASF-AB) podem representar uma importante estratégia de contraposição à fragmentação do trabalho em saúde e, consequentemente, do cuidado, favorecendo a uma atuação em saúde mais eficiente, a partir das necessidades de saúde da comunidade. **Objetivo:** Discutir a experiência de formação interdisciplinar e interprofissional em saúde de um estudante de Fonoaudiologia vivenciada em um estágio curricular no contexto de um NASF-AB em Salvador, Bahia, Brasil. **Descrição:** As atividades dos estudantes foram organizadas em 5 frentes de trabalho, a saber: 1. Discussão de casos com profissionais com vistas à atualização do Planejamento Terapêutico Singular; 2. Grupos educativos voltados à prevenção; 3. Atendimentos individuais; 4. Programa Saúde na Escola; e 5. Intervenção pedagógica com profissionais. **Considerações finais:** A experiência de formação interprofissional no contexto do NASF-AB permitiu o desenvolvimento de competências colaborativas para o trabalho em equipe interprofissional, como a comunicação interprofissional, a clarificação de papéis, e a responsabilidade e trabalho em equipe, fundamentais para o alcance da integralidade do cuidado em saúde. Ademais, permitiu refletir sobre os limites da formação essencialmente clínica e fragmentada que hegemoniza a Fonoaudiologia no Brasil, bem como sobre sua insuficiente inserção na Atenção Primária em Saúde. Durante a experiência, outras reflexões foram suscitadas e permitiram a compreensão de conceitos importantes através da articulação teórico-prática possibilitada pela vivência em campo.

Palavras-chave: Relações interprofissionais; Currículo; Capacitação de recursos humanos em saúde; Atenção primária à saúde.

Resumen

Introducción: Las experiencias de formación interprofesional en el contexto de los Núcleos de Apoyo a la Salud de la Familia (NASF) pueden representar una importante estrategia para contrarrestar la fragmentación del trabajo en salud y, en consecuencia, de la atención, favoreciendo una acción de salud más eficiente, basada sobre las necesidades de salud de la comunidad. **Objetivo**: Discutir la experiencia de formación interdisciplinaria e interprofesional en salud de un estudiante de Patología del Habla y el Lenguaje con experiencia en una pasantía curricular en el contexto de un NASF en Salvador, Bahía, Brasil. **Descripción**: Las actividades de los estudiantes se organizaron en 5 frentes de trabajo, a saber: 1. Planificación terapéutica singular; 2. Grupos educativos enfocados a la prevención; 3. Asistencia individual; 4. Programa de salud en la escuela; y 5. Intervención pedagógica con profesionales. **Consideraciones finales**: La experiencia de la formación interprofesional en el contexto de NASF permitió el desarrollo de habilidades colaborativas para el trabajo en equipo interprofesional, como la comunicación interprofesional, el esclarecimiento de roles y la responsabilidad y el trabajo en equipo, fundamentales para lograr la integralidad. Además, permitió reflexionar sobre la actual formación esencialmente clínica de la Logopedia en Brasil, así como sobre su insuficiente inserción en la Atención Primaria de Salud. Durante la experiencia, se plantearon otras reflexiones que permitieron la comprensión de conceptos importantes a través de la práctica teórico-práctica, articulación posibilitada por la experiencia en el campo.

Palabras clave: Relaciones Interprofesionales; Curriculum; Capacitación de Recursos Humanos en Salud; Atención Primaria de Salud.

Introduction

Primary health care (PHC) is usually the patient's first contact with health services. Its purpose is to meet the population's most common health needs, and one of its roles is to coordinate the health care networks [1]. It is a key component in health systems whose aim is to achieve sustainable and equitable improvements [2], as it is closely related to better health indicators in the population, lower unnecessary hospitalization rates, and less health-related socioeconomic inequality, especially for individuals with chronic diseases [3,4].

In Brazil, PHC has been preferably organized through the Family Health Strategy (ESF, its Portuguese acronym), a model characterized by its capacity to guide the organization of the health system, seek answers to all the population's health needs, and help change the current assistance model. This is due to its collective, multi-, and interprofessional nature, with a unique approach to the people's health-disease process that considers the family and community context [1,5].

Further in this scenario, the Family Health Care Support Centers (NASF, in Portuguese) – presently named Extended Family Health and Basic Care Center (NASF-AB) [6] – were created with multiprofessional teams. They aim to contribute to comprehensive health care, especially by broadening clinical care. It is planned to work in cooperation with the Family Health teams, the PHC teams for specific populations, and the Health Academy Program [7].

Hence, teamwork is one of the pillars of the process to change the currently hegemonic health model – which is characteristically centered on medications, healing, individuals, and hospitalization, with fragmented and physician-centered health work [5,8].

In this regard, interprofessional health training and practice have been understood in the academic field as a strategy to counteract health work – and consequently health care – fragmentation [9,10]. Nevertheless, the health professionals' training is still essentially focused on the hegemony of knowledge and separation of practice, making shared work difficult or even impossible [8].

Moreover, the generalist knowledge of health actions is traditionally given little importance. Thus, the concepts and practices related to planning, promoting health, and avoiding diseases, for instance, need to go beyond academic settings and reach the population's reality, with a structure that enables and facilitates the interaction between theory and practice [11].

In such a context, the importance of theoretical-practical internships in the health professionals' education and training process stands out. They immerse the students in the health services with the mediation of the professors, providing instruction and aiding the teaching-learning process [11].

Some training experiences at the NASF-AB have been reported in the literature, demonstrating that such an educative experience, combining theory and practice, potentializes learning and brings students closer to the reality in PHC. Hence, while still in the undergraduate program, they can identify challenges, reflect on the functioning and quality of the service provided to the population, and the interns' motivation and qualification to work in public health [12,13].

Therefore, it is even more important to discuss this issue nowadays, given the most recent update of the National Primary Health Care Policy, from 2017, and other actions that took place in 2019 and 2020 – e.g., the *Previne Brasil* Program, which is the Ministry of Health's new funding approach [7]. These interventions include measures that weaken PHC, such as the fewer community health agents and the change in their profile, the emptied concept of regionalism and the priority given to the so-called traditional PHC, rather than the ESF. They are also a clear threat to the continuity of the NASF-AB on this attention level because these teams' specific funding was removed. Thus, new credentials are canceled, requirements already in process are filed, and teams like those of NASF-AB are disconnected from multiprofessional ones [14,15].

Hence, the development of syntheses and studies to debate the multidisciplinary and interprofessional nature of PHC is an important tool to strengthen it from a broad perspective. Thus, the objective of this communication is to discuss a speech-language-hearing student's interdisciplinary and interprofessional health training experience in a required internship at an NASF-AB in Salvador, Bahia, Brazil.

Case presentation and discussion

The Public Health Internship II began in March 2019. It is a semester-long, 68-hour required

course, held in the eighth term of the Speech-Language-Hearing program at the *Universidade Federal da Bahia* (Federal University of Bahia). Its activities took place in once-a-week meetings with a NASF-AB team of a Family Health Center at the largest health district of Salvador.

The first meeting was held to present the program for the semester and introduce the interns and NASF-AB team. Following the Municipal Health Plan of Salvador, these teams have only six occupational categories: psychologists, nutritionists, occupational therapists, physical therapists, social workers, and physical education professionals. Hence, speech-language-hearing therapists are not included [16].

The students' activities were organized into five focuses of effort, namely: 1. Case discussions with professionals aiming to update the Unique Therapeutic Project; 2. Educational groups focused on prevention; 3. Individual attention; 4. School Health Program; and 5. Pedagogical intervention with professionals.

The first step in the "Case discussions with professionals aiming to update the Unique Therapeutic Project" was reading the medical records of the patients who were being followed up by the NASF-AB team, who would also be attended by the interns. Then, a group discussion was conducted with the interprofessional team to develop the therapeutic procedures together. Using this health care qualification tool challenges the traditional organization of the health work process, as the health team and the patients cooperate in identifying the health needs, discussing the diagnosis, and establishing the health care process [17,18]. Thus, discussing the cases before the patients' visits enabled the students to think about how to carry on the health care that the professionals were already providing. They could also furnish new elements in the ongoing update of the patients' Unique Therapeutic Projects, based on the specific interventions directed to them.

In practical terms, this moment helped make clear the professional roles within the process, the subjects' shared responsibility, and the definition of procedures and schedules, positively impacting the work organization.

It was also important in the development of comprehensive care because such a tool made it possible to coordinate the team's professional practices in acquaintance with the uniqueness of each case. The practice and the interprofessional discussion to plan and conduct the cases were essential for the speech-language-hearing students to clearly recognize the patients' health needs.

In the participation in the "Educational groups focused on prevention", the students experienced waiting room activities with different groups organized by the NASF-AB team. Two examples were the Solidarity Economy Groups, coordinated by the social worker, which taught handicraft to women as a means of income and solidarity bonds; and the Obesity Group, coordinated by the nutritionist, which conducted talk groups where overweight people discussed their diet routine, healthy habits, and feeding difficulties. Both initiatives, through education, aimed to ensure the patients' greater autonomy and proved to be rather relevant, as one of the targets of the NASF-AB work is the disease triggers and risk factors, aiming to broaden the practice beyond clinical attention [7].

In the Obesity Group, specifically, the interns developed an activity along with the nutritionist to discuss the influence of different factors and processes in nutrition, including mastication, counting with great participation on the part of the patients. It is important to highlight that this practice was fully based on the exchange of experiences and impressions. To potentialize the educational activity, the profile of the participants was presented to the interns in a discussion moment before the meeting; also, after it, a joint assessment converged the manifold knowledge to propose activities with a comprehensive approach to the patients.

Soleman and Martins [19] state that the speech-language-hearing training is historically characterized by not preparing such professionals for nonclinical comprehension and practice, as it is centered on individual health care. Hence, these activities were also an important setting to provide new perspectives and knowledge to our training. Moreover, the experience helped develop not only the common and specific competencies (already provided in the Speech-Language-Hearing National Curricular Guidelines) [20] but also the collaborative competencies for interprofessional work (e.g., interprofessional communication, role clarification, responsibilities, teamwork, and the development of active health instruction methodologies) [21,22].

This practice brought up some points that reinforced the concept of broadened health clinic [23,24]. It was noticed that the environment created by

the groups also promoted mental health – as in the case of the Solidarity Economy Group, which was an open space, though mainly occupied by women from the community. They were mostly housewives and found in it an occasion for interaction, besides the opportunity for an additional income that gave them a different perspective apart from the situation of vulnerability, to which many of them belong together with their partners.

Therefore, this manner of organizing health care differed from the hegemonic, medication- and intervention-centered clinical practice, as these health practices were not focused on a pathology; rather, they were based on the patients' life and work conditions, on the perspective of the social determinant of health, which sees the subject as a unique person, and their health status as the result of different spheres of their lives, as pointed out by Hafner et al.[23].

In this context, educational activities were conducted in the waiting room, approaching the social security reform and its impacts on health, in partnership with the social worker. A storytelling workshop with children was also held, involving health residents from different fields (psychologist, occupational therapist, and physical therapist) at the Community Children Development Project (DICa, in Portuguese) of the *Universidade Federal da Bahia*. These activities were greatly relevant, as they introduced us to a manner of producing health that we were generally not used to. Practicing these educational activities also interacted with the perspective of health promotion, as they showed the patients how aspects of their daily lives had consequences on their health status.

One of these activities ran up against difficulties because, despite the invitations handed out in the community, no children were taken to the Family Health Center to participate in it. Hence, only a few children who were already at the Center for examinations or to take vaccines participated in the activity. This low adherence led to an important reflection on social determinants and their impacts on the patients' access to health services. Understanding that absences may result from difficulties caused by a situation of physical and/or social vulnerability made us turn our eyes to the community, its subjects, and their relationships.

"Individual attention" was another part of the activities in this period, as the NASF-AB team informed that some patients had specific speech-language-hearing needs. Concerning all the cases related to these needs, the interns were invited to meet the patients in their life context and always consider what they should share with the team during the process. Thus, the health care began with a discussion with the multiprofessional team to learn and debate how to handle each case. Then, it continued with interventive meetings to assess each patient, leading to new discussions with the team. In a specific case, whose patient complained of macroglossia, the health care was conducted together with the dentist of the Center.

The interns' opportunity to participate in the team meetings to discuss cases and develop each person's Unique Therapeutic Projects furnished a relevant occasion to perceive the limitations of the speech-language-hearing knowledge, which was transposed with the interprofessional practice. Hence, the speech-language-hearing therapists could reflect on their position in relation to not only the patient and the Center but also the team – to what extent the speech-language-hearing knowledge can contribute to that of others and in turn receive contributions from theirs.

It was verified that different professionals see each patient from a different perspective and, therefore, comprehensive care could only be attained as these views met. Thus, the direct interventions of the NASF-AB professionals with the patients and their families must always take place based on team discussion of the cases [19]. In this regard, some concepts and technological tools experienced in the internship were essential to conduct individual attention – e.g., the previously mentioned Team Cooperation and Unique Therapeutic Project [17].

In short, the approach helped understand that, despite the specific criteria in the direct interventions of the NASF-AB professionals [19], they are potentialized when there is an integrated team. This understanding is essential to strengthen PHC and to improve the overall training of health professionals committed to this attention level, as it highlights their significant participation in solving health problems.

The individual attention provided instructions or referrals, when necessary. This led to the reflections that, besides their role in strengthening PHC solution-making, the NASF-AB has the important responsibility of coordinating the health care networks. Sousa et al. [25] include assistance coordination support as one of the duties of the NASF-AB

team. According to the Ministry of Health, this type of work enables more encompassing and effective assistance while still part of PHC [17].

Another activity in the internship was the "School Health Program" (SHP), whose purpose was to get acquainted with the health status of the children from a school in the community. This approach involved various professionals, including a physician, a nurse, a dentist, a physical education teacher, a nutritionist, and community health agents. The project consisted of a series of actions, such as instructing on oral health and tooth brushing; screening the anthropometric measure; calculating the body mass index (BMI); verifying the vaccination tatus and vaccinating those who had missed any; and conducting a simple ophthalmologic assessment, with referrals for glasses, if necessary. In practical terms, the activities corresponded to the actions provided by the Ministry of Health for the Program and counted with the students' active participation.

As this activity was being planned, it was noticed that the hearing screening model proposed by the municipality of Salvador for schoolchildren was inadequate to detect and assess hearing changes. Firstly, because it was applied by the schoolteachers, who were already overworked and often not trained enough for the task. Secondly, the method was based only on questions without any validation that proved its effectiveness and reliability. Lastly, all students who had some change based on the parameters of this model were referred to an otorhinolaryngologist. However, since the instrument was not sensitive to what it was meant to do, using it could overload the system with excessive referrals, generating unnecessary costs and difficulties organizing the health care.

These considerations led the internship team to develop an alternative hearing screening model to be applied in the SHP, which was directly discussed with the professionals at the Center. Audiometry is known to be the gold standard examination to detect hearing loss [26]. However, as it was impossible to carry it out immediately, the proposed activity was planned so that elements available at school could be used to survey more reliable data on the schoolchildren's hearing than those furnished with the screening model used by the Municipal Department of Health.

Thus, a two-item questionnaire – "Do you have difficulty hearing?" and "Do you think 'such person' has difficulty hearing?" – was respectively administered to the students and teachers. The students were also submitted to meatoscopy, and those who presented with some change were notified and instructed to seek the health service. A list with their names was provided to the professionals in the Family Health teams for follow-up.

Of the 23 students submitted to hearing screening, six (28.1%) had some type of conductive changes, a number substantially higher than what is found in the literature [27,28]. The most observed change was cerumen impaction. The initial approach to urgent cases was to refer them to an otorhinolaryngologist. Moreover, the activity also mobilized the Family Health teams – particularly the physician who accompanied the interns, who on that occasion asked questions about hearing and meatoscopy to the team of students, who in turn shared their specific knowledge. This was a highly important situation that showed cooperation in action.

It was thus understood that cooperation cannot be separated from practice and must occur in all activities conducted in PHC. Hence, the intervention itself becomes a pedagogical setting, with problems shared and knowledge exchanged between professionals, as stated by Santos, Uchôa-Figueiredo, and Lima [29]. This reflects on the very concept of the broadened clinic, as theoretical knowledge cannot be severed from practical experience nor structured so that it becomes limited. All knowledge is mutually complementary and intersects via collaborative practices, foreseen in an interprofessional attention model.

The physician and the nurse who accompanied the internship team understood the importance of the action developed in the SHP and the possibility of qualifying the care that was provided. Hence, they sought training and the means to perform ear irrigation at the Health Center, diminishing the number of referrals to specialized services.

Therefore, PHC is important to health problem-solving. Studies point out that more than 85% of the cases are solved on this attention level in many countries whose cultural contexts have various levels and dimensions of socioeconomic development, such as Canada, the United Kingdom, and Cuba[30]. Contextualizing the activity carried out in the SHP, 83.3% of the screened cases could have been solved at a lower cost, instead of resorting to other attention levels, with positive impacts on

the effectiveness and flow of the Unified Health System.

Lastly, a "Pedagogical intervention with professionals" was also carried out in a general meeting at the Center, in which the internship team discussed a topic from their field of knowledge with the Family Health and NASF-AB teams. To make the action more assertive, the topic to be discussed was related to a health need of the community and was chosen from a quick survey made with the professionals at the Center. The most reported needs were language delays and disorders.

Thus, the activity consisted of a debate on typical language development and changes common to specific conditions (autism spectrum disorder, syndromes, and motor impairments). The profile of the patients followed up during the semester was kept in mind to provide minimum resources and thus avoid a process of medicalizing differences by making development homogeneous.

This activity was particularly interesting because of the interprofessional discussion of the topic, which was until then seen by the students as pertaining exclusively to speech-language-hearing pathology. Since we were integrated with the NASF-AB team during the internship, we realized the importance of their cooperation and shared knowledge, which ensured greater autonomy to the professionals in the Family Health team. Along with all the experiences of being immersed in a public health service (though only as interns), this fact made us reflect on the need for including speech-language-hearing therapists in the PHC team to help broaden the look toward the population's health needs.

Final considerations

In short, the interprofessional training experience at the Unified Health System while still in the undergraduate program strengthens and gives practical meaning to the perspective of humanized, critical, and thoughtful practice that guides the pedagogical projects of the programs in general. In our experience in the required internship, the inclusion in the NASF-AB team presented the perspective of teamwork, its challenges, and potentials, reinforcing the role of this work model as an important tool in comprehensive care and better health solution-making.

Considering the present condition of public health, with increasingly complex and nonspecific health problems, this learning leads to rethinking how speech-language-hearing therapists are currently trained in Brazil and points to the emerging need for collaborative, less fragmented health practices. Thus, different professionals can mutually share their knowledge toward a more effective practice, based on the community's health needs.

It is important to highlight the still insufficient inclusion of speech-language-therapists in PHC, particularly in Salvador, the city where this internship experience took place. The activities developed throughout the semester and the students' opportunity to contribute to the local health teams indicate that such insufficiency does not reflect an absence of needs – and it should be therefore discussed.

Other important considerations arose in this period and helped understand important concepts combining the theory and practice experience in the field. Moreover, the required internship carried out in the PHC context was an important setting to train students aware of their role, helping develop collaborative competencies for interprofessional teamwork – such as interprofessional communication, role clarification, teamwork, and responsibility –, which are essential to provide comprehensive health care.

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