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## THE INTEGRALITY OF CARING AND ITS MULTIPROFESSIONAL WORK INTERFACE

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**Abstract:** Integrality in health care is defined as a principle of the Unified Health System, guiding policies and programmatic actions that respond to the demands and needs of the population in accessing the health care network. In this sense, a network of specialized services in rehabilitation, habilitation and development of health programs aimed at people with disabilities is essential. Objective: To report the experience of sixth-semester medical students on a technical visit to a rehabilitation center. **Experience report:** During the experience, the students had contact with patients in situations such as stroke sequelae, trauma and comorbidities such as diabetic neuropathy, obesity with lymphedema and even degenerative diseases such as Amyotrophic Lateral Sclerosis (ALS). Among the activities carried out, the application of pain scales, approach to patients and local professionals and participation in a rehabilitation group for women with mastectomies stand out. **Discussion:** From the technical visits carried out, several challenges were identified in relation to the management of the Unified Health System with regard to funding due to the low transfer of funds, lack of specialist professionals on site (including the physiatrist) and absenteeism on the part of patients. Among the identified potentials, the professionals' dedication and commitment and the integral and longitudinal follow-up of each patient stand out, which qualifies the proposed treatments and allows for an improvement in the quality of life of patients treated in the service. Final considerations: The opportunity to experience the complexity of the work performed by a multidisciplinary team made it possible to raise students' awareness of the importance of interprofessional collaborative practices in the context of comprehensive care aimed at the individual's needs. It is also necessary to expand the accessibility of users to secondary

services by strengthening primary care as well as the referral and counter-referral system.

**Keywords:** Rehabilitation Centers, Physical Medicine and Rehabilitation, Health Integrality, Health Education, Humanization of Assistance.

## INTRODUCTION

The organic health law 8.080/90, in which the principles governing the Unified Health System (SUS) were determined, shows the vision of a system that encompasses the entire population by contributing to the construction of autonomy and guarantee of basic health rights. Brazilian population, in relation to its integral physical and moral defense. From this, the importance of the principles of universality, equity and access to comprehensive health care is highlighted. In addition, in a more specific context to the population with disabilities, Law 7853/89 of the Constitution emphasizes the relevance of the support of federal, state and municipal powers to this population in the dimension of health and social integration (BRASIL, 2008).

Integrality in health care is defined as a principle of the SUS, guiding policies and programmatic actions that respond to the demands and needs of the population in accessing the health care network, considering the complexity and specificities of different approaches to the health-disease process. and in the different biological, cultural and social dimensions of the person being cared for. This concept is crucial for merging health with citizenship and achieving better results. This is because, based on it, there is an understanding of the human being in its total dimension so that the system can adequately meet the demands and needs of each individual (SOUZA MC, et al., 2012).

In this context, it is important to define what a person with a disability would be, a concept that has been continuously changed

over the years, with constant changes in ideas and new scientific research inserted within the Western cultural context in which we live. Currently, National Policies define people with disabilities as those who permanently present losses or abnormalities in their psychological, physiological or anatomical structure or function, which generate incapacity to perform activities within the standard considered normal for human beings ( BRAZIL, 2008).

Law number 7853/89, mentioned above, is extremely relevant for this population, as it establishes in a legal framework the support to people with disabilities and their social integration, with regard to health. Therefore, it is important, based on this, to facilitate the creation of a network of specialized services in rehabilitation, habilitation and development of health programs aimed at people with disabilities, developed with the participation of multidisciplinary teams and society itself. Examples of this are group activities, in health promotion and prevention, by developing physical improvement, autonomy, social integration, self-esteem and, this way, raising all dimensions of the quality of life of this population.

## **GOALS**

Report the experience of sixth-semester medical students on a technical visit to a rehabilitation center.

Discuss the particularities of a rehabilitation center, which enhance and hinder care.

## **METHODOLOGY**

When considering this whole complex scenario of rehabilitation and qualification networks for people with disabilities, visits to a rehabilitation center belonging to a hospital complex in the interior of São Paulo, were carried out by students from the sixth period of the medicine course at the Municipal

University Center de Franca (Uni-FACEF), within the Interaction in Community Health (IESC) grid. Thus, it was possible to enter and learn about the peculiarities, complexities and all the dimensional importance that this part of the SUS network reaches the population of Franca and region.

## **EXPERIENCE REPORT**

Inserted in the Interaction in Community Health course at the Municipal University Center of Franca (Uni-FACEF), students from the sixth semester of the medical course carried out, in 2019, technical visits to the Rehabilitation Center, a component of the Santa Casa Complex in the city of Franca - SP, for better knowledge of the location, the services performed, the composition of the team, as well as the functioning of the referral and counter-referral system.

A group of six students was divided into pairs to observe the daily work of the local work teams and, therefore, divided into the Occupational Therapy, Motor Physiotherapy, Neurology, Rehabilitation of mastectomized patients and Speech Therapy rooms.

From the visits carried out, the results include the identification of several challenges and difficulties for the multidisciplinary team to be able to carry out its excellent work. Among them, the lack of financial resources due to low transfer of funds, the absence of specialist professionals on the spot (including the physiatrist) and absenteeism on the part of patients. However, not only weaknesses were identified. It was observed that, thanks to the dedication of the professionals present, there was an improvement in the quality of life after the proposed treatments, especially in terms of the reduction in chronic pain reported by most patients. Furthermore, the full and longitudinal follow-up of each patient was also another strong point observed in this study.

Patients were seen in situations such as stroke sequelae, trauma and comorbidities such as diabetic neuropathy, obesity with lymphedema and even degenerative diseases such as Amyotrophic Lateral Sclerosis (ALS). For all these cases, pain scales such as LANNS and Analog Pain Scale inserted in the Clinical Protocol and Therapeutic Guidelines for Chronic Pain (BRASIL, 2002) were applied with the purpose of trying to determine the pain amplitude, which is subjective for each patient, and to check whether the functionality of the painful impulse conduction was preserved. It is important to obtain this type of information as it helps in choosing a specific treatment for each person's particular type of pain and, this way, bring relief from symptoms and provide conditions for the individual's overall well-being.

In addition to the application of pain scales, conversations with patients and local professionals, it was possible to follow a rehabilitation group for women with mastectomies. In addition to the physical activity work performed by the physiotherapist, a focus was also perceived on working the mental health of these women, with encouragement for group discussion, self-perception, self-knowledge and empowerment.

Working with women with mastectomies involves a whole process of physical and mental health, as they encourage autonomy, a feeling of empowerment and usefulness, even with minimal advances in their daily function. Breast cancer is increasing in incidence, being the leading cause of death in women, according to INCA estimates from 2003 (INCA, 2020). Women with mastectomies, due to the fact that they have undergone mutilating surgery, feel physically, psychologically and sexually shaken. For this reason, this place starts to function as continuous support for these women, where they perform MMSS

muscle strengthening exercises, while strengthening female empowerment, with improved self-esteem and, finally, with an integral socio-functional advancement. According to the post-mastectomy physical therapy protocol, these activities involve the entire multidisciplinary team for better postoperative pain control, preventing or treating lymphedema and postural changes, promoting muscle relaxation, maintaining the range of motion of the involved upper limb, improve the appearance and malleability of the scar, preventing or treating adhesions (CAETANO EA, et al., 2012). One of the therapeutic resources used is kinesiotherapy, which consists of rehabilitation through exercises, and guidance for activities of daily living (SILVA SH, et al., 2014).

## DISCUSSION

Physical rehabilitation in Brazil has gone through several setbacks in its history, going through periods when this assistance was provided by philanthropy centers and reaching the present day, in which the SUS seeks to provide comprehensive and universal care for these services, replacing the model biomedical for the biopsychosocial (BRASIL, 2006; RIBEIRO TM, et al., 2010).

However, some obstacles, such as the difficulty in efficiently distributing financial resources, make it impossible to achieve this goal, since the insufficiency of resources interferes with the quality of care, whether due to the high demand and insufficient professionals, as well as the insufficiency of the structure ( SANTOS FC, et al., 2018; BORGNETH L, 2004).

In the focus of this report, the scarcity of financial resources causes a reduced number of services and professionals, not compatible with the demand. This obstacle affects assistance, since, even if the service is offered, it suffers adaptations and loses in quality (SALDIVA

PHN and VERAS M, 2018). The importance of health promotion and strengthening of primary care is evident in this scenario, due to the magnitude and impact that these practices have on the prevention of injuries and diseases that debilitate the individual, and because they are of greater complexity, they cause greater expenses.

In this context, it is important to mention the Family Health Support Centers (NASF), instituted from Ordinance GM No. 154, of 2008, the NASF aims to contribute to the Family Health Strategy (ESF), enabling care more resolving and comprehensive basic health care, and this way, could support the municipality's primary care and alleviate the demand for this rehabilitation center (MAKLUF BAJ, 2018). However, so far there is no NASF team in the city of Franca.

Seeking global care, the organization through Health Care Networks (RAS) established by Ordinance No. 4279 of 2010 of the Ministry of Health (MS), presents the patient care strategy through the organization of service arrangements and actions, from different technological levels, so that integralities can be achieved (BRASIL, 2010). Communication between the various services in the RAS must be based on referral and counter-referral, so that the continuity of care is guaranteed, thanks to an efficient flow of information. This strategy allows guaranteeing the technological level that each patient needs and longitudinality, by counter-referring the patient back to primary care.

Another important feature is the composition of its multidisciplinary team at this center: physiotherapists, nurses, occupational therapists and doctors, all with a focus on enabling people of all ages, whether for congenital or acquired causes. The construction of a team is extremely relevant for breaking the fragmented care model and constituting the integral health model, which

will cover the system, the professional's work, and especially the user, in a qualified manner (SILVA LA and SANTOS J, 2012 ).

In view of this, the multidisciplinary work performed by this rehabilitation center is remarkable, serving patients with different needs and complexities of demand. The high complexity required in the care of rehabilitation patients requires synergistic actions from different professionals so that the principles proposed by the SUS can be fulfilled, since, by combining skills and knowledge, caregivers can see the patient as a whole and devise better strategies (SANTOS MM, et al., 2016; SILVA JAM, et al., 2015; MIORIN JD, et al., 2020).

The rehabilitation and habilitation process is centered on the individual potential of each patient, in accordance with Article 14 of the Brazilian Law for the Inclusion of Persons with Disabilities, which guarantees the entire set of actions, focused on the search for individual autonomy and the pursuit of equal conditions and opportunities (BRASIL, 2015). Through the above, it becomes clear, as it is a place, in which different types of pathologies arise, the importance of being addressed in different and unique ways.

Another important feature found during the visits is the absenteeism of users in this center. Among the main causes of lack of health services in our environment are: difficulty in geographic access; intrinsic characteristics of the individual, such as predisposition to delays, absences and younger people; lack of communication between professional and patient, with inconsistent schedules; labor commitments; forgetfulness and varied adverse situations (IZECKSOHN, 2013; GONÇALVES CÂ, et al., 2015; MAZZA TO, et al., 2019). Although a survey was not carried out with the main causes that lead patients in the center of this report to abstain from their appointments, it is important to point out that

its location is in a region distant from most neighborhoods in the city, in accordance with the literature among one of the possible causes of these events. Absenteeism hinders the practice of comprehensiveness, as it interferes with the provision of services that are already in great demand, and often the SUS is not able to fully address it (IZECKSOHN, 2013).

The improvement in quality of life from chronic pain relief was a point reported by users of this rehabilitation service. The care of these patients by a multidisciplinary team is especially relevant in chronic pain, due to the pathophysiological process from which it arises, being multifactorial (PINTO FRA, 2019). Different from acute pain, a symptom that in its mechanisms involves the protection of the individual, chronic pain is shown as a disease, causing harm in different areas of life (PINTO FRA, 2019). In this sense, rehabilitation in the therapeutic plan of these subjects is essential, as chronic pain does not have the same success rates when medicated with analgesics as acute pain, requiring a global approach to those who experience this type of pain (JENSEN TS and FINNERUP, 2007).

In addition to pain relief, it is essential to improve the quality of life of those being assisted. In this context, several professionals have unquestionable merit and value, one of them being the psychiatrist. The psychiatrist is still somewhat unknown by the majority of the population, who more clearly recognize other specialties that have their field of action more defined (SAAD M, 2001). In this center, there is still no psychiatrist available. This professional deals mainly with the person's functionality, and in this, there are numerous factors that can cause changes, being crucial a biopsychosocial approach in the care of these patients, making this specialist one of those who most develop comprehensiveness between the specialties (SAAD M, 2001).

Thus, the hiring of psychiatrists could improve the quality of care.

## FINAL CONSIDERATIONS

Certainly, the opportunity to experience the complexity of the work performed by a multidisciplinary team made it possible to raise students' awareness of the importance of interprofessional collaborative practices in the context of comprehensive care aimed at the individual's needs. In addition, this experience contributed to medical training in the sense of bringing students closer to the work routine of rehabilitation services, the functioning of the SUS referral and counter-referral system, as well as sensitizing them about its importance as a fundamental tool to promote the completeness of care. It is necessary to expand the accessibility of users to secondary services by strengthening primary care as well as the referral and counter-referral system. Furthermore, it is essential to encourage interprofessional work in the country, formulating strategies that reach from working professionals to those in training, since the fragmentation of knowledge and skills of caregivers undermines the comprehensiveness of patient care.

Thus, all this work was based on emphasizing the importance of a quality multidisciplinary team at the Franca habilitation center and in the life of the local-regional population, who need, for individual reasons, rehabilitation or training in muscle strength and support in rebuilding their self-esteem and social reintegration.

Through the visits, the importance of articulation between the different areas was perceived, and although these experiences bring new experiences to the students, the interaction through an interdisciplinary curriculum is essential for the redefinition of care towards collaborative practices.

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