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THE TRAINING OF HEALTH PROFESSIONALS IN INTENSIVE CARE: LESSONS LEARNED, CHALLENGES AND LIMITATIONS

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Abstract: Objective: to report the experience of professional training in intensive care and discuss the lessons learned, limitations and challenges. **Method**: descriptive field research with a qualitative approach of the experience report type, from March 2017 to February 2019. The activities were developed in several areas of the hospital environment, mainly in the Intensive Care Unit, a scenario that was the field of action of the resident for twelve months. **Results**: The experiments took place in the hospital complex to which the Medical and Multiprofessional Residency Program belongs. The second year of residency was the moment of "scenario change", that is, an opportunity to get to know other hospital institutions, learn and share knowledge. To previously support the practice in intensive care, the resident experienced the routines of the hospital infection control commission, as well as in a ward that also serves critically ill patients. **Conclusions**: Professional training in intensive care is an intense, complex and dynamic process. Taking care of critically ill patients is to understand the entire multiprofessional context that goes beyond admission to the Intensive Care Unit. There were many lessons learned and bonds developed with the institution, with the various professionals, patients and families served in this period of time.
Keywords: Professional Training in Health; Intensive care unit; Critical Care.

INTRODUCTION

MULTIPROFESSIONAL TRAINING IN HEALTH

Multiprofessional training in health specifically in the area of intensive care, that is, multiprofessional residency, was created and instituted through Law 11,129 of 2005, in a partnership between the Ministry of Health and the Ministry of Education. It is a *lato sensu* postgraduate course for the various professional categories that are related to the health area, except medicine [1].

The training of residents is characterized by in-service training, with a workload of sixty hours per week, with 80% of practical activities and 20% theoretical and theoretical-practical, following the molds of exclusive dedication, which totals a workload of 5,760 hours, during two years of course [1].

One of the characteristics of this specialization is to develop in professionals/students a critical-reflexive sense in which the production of knowledge is constantly allied to care practice, that is, impacting the way of thinking and acting of health workers, enhancing the analysis of your work processes [2].

According to the Unified Health System (SUS) and the current concept of health, workers must base their activities on the principles of universality, integrality, equity, intersectoriality, humanization of care and social participation [3].

Interdisciplinarity is a new and inherent characteristic of the Multiprofessional Residency in Health programs and, within this context, it aims to collectively train the various professional categories in the same territorial scope, respecting the peculiarities of each one of them [4].

In the Intensive Care Unit (ICU), interprofessional action represents an important characteristic for the production of health actions. Critically ill patients require individual, complex and specialized care that must be jointly planned by the hospital team.

Within this team, the intensive care nurse must develop skills, abilities and attitudes to manage the team, face daily complications, as well as deal with technological changes and daily demands, without distancing themselves from bedside care. The critical patient requires more hours of care from the nurse.

Thus, this article aims to report the

experience of a resident nurse in intensive care and discuss the learning, difficulties and challenges during her professional training. The guiding question that guided this report was: how does professional training in health in the area of intensive care occur and what are the learnings, challenges and limitations experienced by professionals?

METHOD

CONTEXTUALIZING THE SCENARIO AND THE CURRICULUM GRID

This report discusses the experience of a professional nurse inserted in a Hospital Multiprofessional Residency Program from March 2017 to March 2019. The activities were developed mainly in the ICU environment, a scenario that was the resident's field of action for twelve months.

The University Hospital of which this residency program is part, is located in the city of Fortaleza-Ceará and is part of the Federal University of Ceará (UFC). It is a reference institution for the training of professionals and the development of research in the health area, as well as playing an important role in health care in the State of Ceará, being integrated into the SUS.

Multiprofessionality in health in the area of intensive care, in this Program, is developed by the articulation of three professional categories: nursing, physiotherapy and pharmacy. Specifically, the area of intensive care nursing was created in 2010 and since then it has trained 17 nurses.

Theoretical and theoretical-practical subjects are part of the curriculum. Theoretical disciplines are taught by specialist tutors, masters and doctors from the hospital itself, during the two-year course and pass through three major axes: transversal, which includes all areas and professions; field disciplines, specific to the area of intensive care for the three professional categories and specific disciplines, where they are disciplines directed only to resident nurses in intensive care.

In the first and second years of residency, the transversal subjects seen were: SUS and Public Health Policies; Ethics and Bioethics; Infection Prevention and Control in Health Services; Scientific Methodology, Epidemiology and Biostatistics; Humanization and Health Work Process; Subjectivity, Development and Thanatology; Knowledge and Participation in professional and social control strategies: class, health and other councils defined for SUS I and II; Complementary Integrative Therapies. In addition to these, the clinical sessions and multi-professional seminars also counted as a theoretical discipline with a total workload of 218 hours.

The field subjects covered were: Biosafety; Applied Pharmacotherapy I and II; Infections in patients in intensive care; Humanized care and Pain management; Semiology and psychosocial approach to the ICU patient and family.

And the specific subjects offered were: Structuring, management and admission and discharge criteria in the ICU; Humanization of ICU care; Pathologies of the cardiovascular and respiratory systems and Pathologies of the neurological and renal system; Diagnostic methods of complementary exams and General aspects of nutritional therapy for patients in intensive care; Management of equipment in intensive care; Advanced life support; Main drugs used in intensive care; Advanced topics in cardiology; Nursing care with wounds, ostomies, drains and catheters; Organ donation: recognition and maintenance of potential donors; Methodology of nursing care to critically ill patients.

In addition to all this theoretical framework, the residency completion work (TCR) is a theoretical discipline, with a workload of 160 hours.

The entire foundation, addressed through the disciplines listed above, was of great importance for the resident's professional training, as theory must be allied to practice, providing the confrontation of knowledge and continuous improvement of the "know-how" [4].

RESULTS AND DISCUSSION

DESCRIPTION OF EXPERIENCE

The path traced by the resident was defined by the coordinating field preceptor according to the curriculum of the RESMULTI Program and with the student's previous experience. In the first year of the course, the experiences took place in the hospital complex to which the Program belongs. The second year of residency was the moment of "scenario change", that is, an opportunity to get to know other hospital institutions, learn and share knowledge.

The shift schedule was as follows: only day shifts, from 7 am to 7 pm, from Monday to Friday. On weekends, shifts were also given, with two shifts per month in the first year of residence, and one in the second year, always totaling 60 hours per week. The shift schedule was planned monthly by the coordinator.

Thus, the hospital trajectory began on March 3, 2017. During the first month of residency, the experience was carried out in the Hospital Infection Control Commission (CCIH) of the hospital, with the objective of, initially, knowing the manuals, flows, rules and routines, as well as the hospital safety plan for patients. In addition, practical experience in this sector is part of a mandatory subject for all Resmulti residents.

The CCIH is composed of a multidisciplinary team: doctors, nurses, pharmacist, nursing technician and secretary.

A number of activities were carried out in this period of time: surveillance of hospital infections through the method of daily active search in hospital units; monitoring of patients in contact and respiratory isolation through laboratory tests and analysis of medical records; notification of accidents with sharps involving health professionals; monitoring of cultures of materials suspected of contamination of hospitalized patients; participation in a technical visit with the CCIH team in different sectors of the hospital; participation, together with a doctor and a nurse from the CCIH, in a theoretical-practical class for medical students on indwelling bladder catheterization; training for hotel employees on "Hospital Sanitizing Products"; hand washing training; audit on hand washing in the Clinical ICU.

The CCIH is a deliberative body, composed of a multi-professional health team, working directly with the general management of the institution and which, together with the Hospital Infection Control Service (SCIH), an executive body, has the objective of adequate planning, elaboration, evaluation and execution of the Hospital Infection Control Program (PCIH), which is defined as a set of actions developed deliberately and systematically, with the objective of reducing the incidence and severity of nosocomial infections as much as possible [5].

Experiencing the routines of the CCIH was a relevant experience to previously support the care practice in intensive care and to expand knowledge, enabling a critical view of nursing care based on the prevention of health-related infections.

The ICU is an environment intended for the care of critically ill patients, who are fragile due to the severity of the disease and often need invasive devices for hemodynamic monitoring, thus making them more susceptible to developing health-related infections (ARIs). This way, the intensive care nurse is a professional who is relevant in the process of preventing ARIs.

To improve the quality of care, it is appropriate to establish a concept of a Safety Program in the multidisciplinary team, which is based on improving information sharing among members, reorganizing work and monitoring procedures and indicators [6].

In the following two months, the activities were carried out in a ward, with the aim of carrying out the interdisciplinary practice of nursing care for critically ill patients I. This action was important because it allowed a prior approximation with the reality of caring for critically ill and unstable patients. The period was marked by total immersion in the field of practice and many lessons were learned, from nursing care to management and teamwork.

Understanding the illness process which makes patients need an intensive care bed due to the severity of each case was healthy in the sense of reflecting on health and management issues that go beyond the walls of the hospital. Understanding the post-discharge period from the ICU to the ward was also important, since patients must be seen in an integral way and this integrality is done with the continuity of the care provided.

All activities that are the responsibility of the assistant nurse were developed by the resident nurse during this period, always under the guidance of the preceptors . It is worth noting that the nursing team in the aforementioned ward enabled the resident to be empowered through bonding and trusting relationships, which allowed for the construction of professional autonomy throughout the residency.

The nurse's autonomy in the management of care in the hospital context becomes increasingly important, because, in addition to enabling the reassessment of the skills and competences of nursing actions, as a profession, it provides the daily exercise of interdisciplinarity [7] .

PERFORMANCE IN THE INTENSIVE THERAPY ENVIRONMENT

The practical experience of working in intensive care took place during twelve months, in different environments: Clinical ICU, Postoperative ICU, Maternal ICU and Neonatal ICU (these are located in the maternity hospital belonging to the university hospital complex). The ICU of a private hospital located in another state was also the practice scenario, during which the resident's elective internship was carried out.

However, the reference ICU for the resident's practice was the Clinical ICU, therefore, the experiences described in this report refer specifically to this unit, which has eight beds linked to the SUS. This ICU has been part of the SUS Institutional Development Support Program (Proadi SUS) since 2017.

The multidisciplinary team is formed by: doctors, nurses, nursing technicians, nutritionist, social worker, pharmacist, physiotherapist, dentist, oral hygiene technician, stretcher bearer, secretary, administrative assistant, cleaning staff. As a teaching hospital, the ICU also receives academics (medicine, nursing and physiotherapy) and resident professionals (medicine, nursing, physiotherapy and pharmacy).

Despite not having been directly inserted into the intensive care unit, the first days of adaptation to the new reality were not easy because the resident had never experienced the routines of an ICU before. The care model aimed at critically ill patients has its peculiarities that can sometimes cause insecurity in inexperienced professionals. Studies show that the beginning of nurses' work activities is marked by difficulties due to fear of the unknown [8].

On the other hand, nurses, regardless of diagnosis or clinical context, must be able to care for all patients [9]. In addition, each unit

has its own characteristics, among them: the coexistence of professionals with patients at risk; the emphasis on knowledge and technology for service; the presence of the life/death binomial; rigid and exhausting work routines [10].

Developing technical skills to perform the diverse and complex care activities of the intensive care nurse was, without a doubt, the first and biggest challenge faced by the resident, since the direct provision of more complex care to the patient admitted to the ICU is the responsibility of the professional nurse, according to Professional Practice Law No. 7498/86.

The resident was promptly welcomed by the nursing team and received all guidance on the systematization of the service's nursing care. Gradually, what was fear due to the insecurity of lack of practical skills, became motivation to learn and contribute to the team.

To provide nursing care to highly complex patients, nurses must develop a close relationship with the patient, thus contributing to humanize care. In this aspect, being a resident is an experience that facilitates the promotion of bonds due to the daily contact with patients.

MULTIPROFESSIONAL PRACTICE AND LEARNING POTENTIAL

The multi and interdisciplinary work in the referred ICU is possibly developed. The sharing of knowledge between the resident and the other professionals was done during the shifts, as well as during the multiprofessional visit, carried out every day from Monday to Friday in the morning shift.

The multi-visit, as it is "affectionately" called by all of the team, is a moment when all team members meet to discuss the therapeutic plan of each patient, bed by bed. An innovative feature of this visit is the participation of the family in order to clarify doubts and exchange experiences about the care process. This project, to include the patients' families in the team's discussions, started in 2017 and is in continuous progression and improvement. It is scientifically proven that the family can contribute positively to the care process of their loved one, therefore, it is essential that the relatives are welcomed by the ICU team [11].

Multidisciplinary work provides interaction between various technical and specific knowledge and through this interaction new intervention proposals arise, which could not be implemented by any professional in isolation, being the result of the union of different knowledge [12].

Another opportunity for interdisciplinary learning during the residency was the discussions in the multidisciplinary session, which took place every Wednesday morning, being mediated by a preceptor. In these meetings, each resident was responsible for presenting a scientific article related to their professional area and later, contributions were made.

LEARNINGS, CHALLENGES AND LIMITATIONS FACED DURING PROFESSIONAL TRAINING

The resident's immersion in the intensive care journey was an arduous but valuable task, given the numerous and different lessons learned in the various areas that permeate the care of critically ill patients. The first challenge was to relearn how to work in care, understanding the difficulties that a public hospital experiences daily. Gaining the trust of the nursing team by demonstrating technical skills to care for critically ill patients was a gradual and continuous process.

Understanding the scenarios of an already programmed, pre-established and crystallized routine, so as not to form or generate disputes for spaces and resources and to understand the process of intensive nursing care, providing

comprehensive care, was also a challenge. This way, working with a multidisciplinary team, respecting each specific area, went from challenging to mutual learning, since the final objective will always be the joint construction of a care plan for patients, with a horizontal view, attending to all the subject's demands.

In addition to the exhausting workload of sixty hours per week, reconciling practical and theoretical activities and dedicating time to study hours was also one of the difficulties faced by the resident. The hospital infrastructure is still limited to provide a minimum of comfort to residents, becoming another challenge encountered, since students do not have a specific environment for rest, using the spaces reserved for hospital professionals to do so.

Finally, the uncertainty of achieving professional success when completing the residency, together with a mix of insecurity to professionally assume an intensive care unit, permeates the resident's ideology.

FINAL CONSIDERATIONS

The intensive care nursing residency was an intense and dynamic process in the resident's professional career. There were many lessons learned and even more so were the bonds developed with the institution, with the various professionals, patients and families served in this period of time.

The experience materialized as an important training process, based on the context of comprehensive multidisciplinary care for critically ill patients, generating potential for the resident's professional career. It also provided an opportunity to reflect on the practice of nursing care in the context of intensive care, sharing different knowledge, within an enriching field of action.

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