




EXPERIENCE REPORT

Teaching-service-management integration for interdisciplinary training and children's health care qualification


Integração ensino-serviço-gestão como estratégia para formação interdisciplinar e qualificação do cuidado à saúde infantil

Integración entre enseñanza, servicio y gestión como estrategia para la capacitación interdisciplinaria y la calificación de la atención de la salud infantil


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ABSTRACT

Objective: To report the teaching-service-management integration for interdisciplinary training and children's health care qualification. **Method:** This is an experience report of a descriptive nature and with a qualitative approach, developed from January to December 2019 in a Primary Health Care Unit from the municipality of Fortaleza - Ceará, using as Morin's seven complex lessons in education for the future as theoretical framework. **Results:** The integration actions by means of active methodologies promoted care horizontality, offering (co)accountability for children's health maintenance to the actors involved. **Conclusion:** The relationship between teaching, service and management represents great potentiality when there is partnership and engagement of all the actors involved, especially in the face of limit situations, such as the search for the reduction of infant morbidity and mortality.

Descriptors: Primary Health Care. Child Health. Nursing. Education. Health Services Administration.

RESUMO

Objetivo: Relatar a integração ensino-serviço-gestão como estratégia para formação interdisciplinar e qualificação do cuidado à saúde infantil. **Método:** Trata-se de um relato de experiência, de caráter descritivo com abordagem qualitativa, ocorrido em uma Unidade de Atenção Primária de Saúde, no município de Fortaleza - Ceará, de janeiro a dezembro de 2019. Utilizando como referencial teórico os sete saberes necessários à educação do futuro de Morin. **Resultados:** As ações de integração por meio de metodologias ativas promoveram a horizontalidade do cuidado, oferecendo aos atores envolvidos uma (co)responsabilidade pela manutenção da saúde da criança. **Conclusão:** A relação ensino, serviço e gestão é uma grande potencialidade, quando ocorre uma parceria e engajamento de todos os atores envolvidos, principalmente diante de situações limites, como a busca de redução da morbimortalidade infantil.

Descritores: Atenção Primária de Saúde. Saúde da Criança. Enfermagem. Educação. Administração de Serviços à Saúde.

RESUMÉN

Objetivo: Describir la integración entre enseñanza, servicio y gestión como estrategia para la capacitación interdisciplinaria y la calificación de la atención de la salud infantil. **Método:** Se trata de un informe de experiencia de carácter descriptivo y con enfoque cualitativo, desarrollado entre enero y diciembre de 2019 en una Unidad de Atención Primaria de la Salud del municipio de Fortaleza - Ceará, y en el que se utilizaron los "Siete saberes necesarios para la educación del futuro" de Morin como referencial teórico. **Resultados:** Las acciones de integración por medio de metodologías activas promovieron horizontalidad de la atención, ofreciendo a los actores involucrados (co)responsabilidad por mantener la salud infantil. **Conclusión:** La relación entre enseñanza, servicio y gestión representa gran potencial, en los casos en los que hay trabajo conjunto y compromiso de todos los actores involucrados, principalmente frente a situaciones límite, como en la búsqueda de reducir la morbimortalidad infantil.

Descriptores: Atención Primaria de Salud. Salud del Niño. Enfermería. Educación. Administración de los Servicios de Salud

INTRODUCTION

After being born, children face the challenge of adapting and developing in the new environment they find outside the uterus, receiving countless biological, emotional and social stimuli. This moment turns this phase into a fast maturation process, although natural if permeated by positive factors⁽¹⁾.

Among the several factors, the importance of the health professional's guidance and monitoring can be mentioned, which helps the family in the care to be provided with a focus on development and maintenance of this new being's health⁽²⁾. In this context, the National Policy of Comprehensive Children's Health Care (*Política Nacional de Atenção Integral à Saúde da Criança*, PNAISC), established in 2015, has as its strategy childcare consultations that develop multiprofessional assistance in the search to ensure health maintenance in children, families and communities⁽³⁾.

Despite these advances and the considerable reduction in infant mortality between 2008 and 2017, the fact that 70% infant mortality due preventable causes remains in this period is still observed as an alarming reality⁽⁴⁾. Thus, it becomes evident that, despite several strategies established to reduce the causes of infant death, it is still necessary to apply and implement strategies that investigate and monitor the social determinants of health that may be contributing to permanence of these deaths^(5, 6).

In this perspective, management activities, articulation and maintenance of the strategies that collaborate to reducing infant mortality and morbidity need to be strengthened from actions and interventions that are close to the real needs of society, as well as of Primary Health Care⁽⁷⁾.

It is important to emphasize that nurses are among the several professionals involved in this process, recognized as strong allies in facing complications, as well as in the early identification of children's health problems through childcare⁽⁸⁾. Due to the above, it is important to warn them about the need to appropriate their praxis in order to reduce weaknesses related to child care⁽³⁾.

In an attempt to minimize this vulnerability, the National Curricular Guidelines of the Medical Courses have been suggesting curricular changes that favor broader training, based on the real needs of the communities and of the users of the Unified Health System (*Sistema Único de Saúde*, SUS)⁽⁹⁾. Associated with this aspect, the training of new health professionals based on confronting the theory with practical experience, the identification of limit situations faced through daily challenges, and the elaboration of strategic paths contribute to these professionals a more technical, scientific, critical and reflective preparation for decision-making⁽¹⁰⁾.

It is in this context that the need to ally management, teaching and service for the development of strategies that may reduce harms is observed, evidencing the development of quality assistance in the public health system both in terms of children's health and in the training of professionals.

Thus, the current article asks the following: Can the teaching-service-management relationship

contribute to identifying health problems in children? In this sense, the objective was to report the potential of the actions developed by the teaching-service-management interaction in the identification of health problems in children.

METHODS

This is an experience report of a descriptive nature and with a qualitative approach developed in a Primary Health Care Unit (PHCU) from the municipality of Fortaleza (CE). A professor, Nursing students who were doing their supervised internship at a Private University Center, health professionals (nurses, nursing technicians and community health workers) and the manager of the unit underwent the experience, totaling 27 people involved in the process.

The activities took place during the morning period from January to December 2019, with participation of the aforementioned actors through conversation circles, meetings, construction of flowcharts, and qualification mini-courses.

The activities were designed and developed by the professor, with the Nursing students as contributors in the operationalization process. These strategies were evaluated and approved in the meetings with participation of the professionals and the manager.

In the discussion of the report, Morin's theory called "Seven complex lessons in education for the future"⁽¹¹⁾ was used, as it is a work that contributes reflections on the teaching and learning process and on the application of knowledge in a world that is in constant transformation.

As this is a study reporting the exclusive experience of the professor who wrote this manuscript, with no possibility of individual identification, it was not necessary to apply the Free and Informed Consent Form and the study did not need to be registered/evaluated by any Research Ethics Committee. The participants' confidentiality was ensured and secrecy of the diverse information trustfully provided was safeguarded, as recommended by Resolutions No. 466/12 and No. 510/16 of the National Health Council.

RESULTS

Making what was tacit explicit: recognizing the problem

Identification of the low adherence to the childcare consultations performed in primary care, verified after one month of supervised internship, triggered in the undergraduate Nursing students and the professor the need to investigate the reason for this situation. For this first stage, called "Recognizing the problem", a previously articulated meeting was held with the management, the health professionals from the unit, the students and the professor, in an attempt to identify contributing factors.

At this moment, limit situations were pointed out, such as the population's lack of understanding about the importance of childcare and the desire of the children's caregivers to be seen only by the

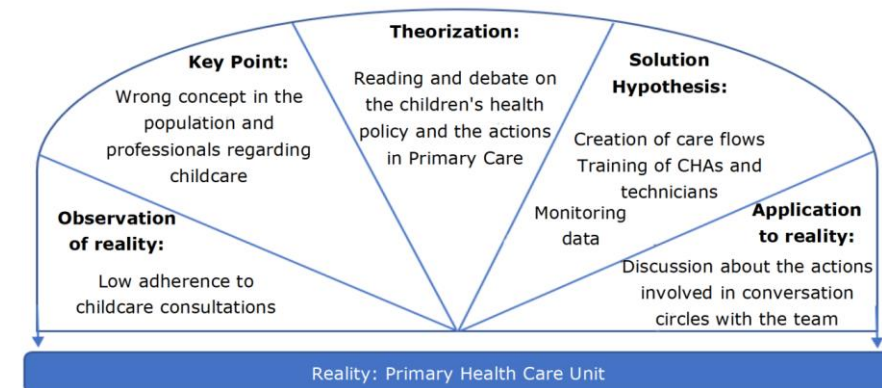
pediatrician from the unit. Based on the facts presented, an analysis was developed by means of the problem tree.

Use of the problem tree technique directly collaborates with the elaboration of a strategic plan, as it identifies the real problems, their consequences and the causes that led to the emergence of those problems⁽¹²⁾.

Thus, after the first contacts and elaboration of the problem tree, it was decided to deepen on the

Teaching-service-management integration for interdisciplinary.. situation presented. For this aspect of better understanding the situation, it was necessary to explain the problem situation, in a new meeting and by applying problematization, using the Maguerez Arch (Figure 1) in a conversation circle with participation of all the actors involved in the Family Health Strategy (FHS).

Figure 1. Maguerez Arch applied in Primary Health Care. Fortaleza, Ceará Brazil, 2019.



Source: The author.

Abstracting the first steps of the changes

The main actions that were idealized and developed after the first moment of in-depth study of the problem identified were as follows: conduction of qualification courses for Community Health Agents (CHAs); elaboration, agreement and execution of a care flow between the nurse, physician and dentist, and creation of data for monitoring the assistance provided.

In the second stage, planning and conduction of the course for the CHAs was initiated, where topics on the history of CHAs, their duties, challenges and potentialities of the occupation were discussed, and only then was the question object introduced, that is, childcare concepts, its main characteristics, actions and responsibilities of the CHAs, and the main complications for children under two years of age.

To carry out the course, conversation circles, simulated jury, panel building, dialogued seminars and a workshop on the main care measures for six-month-old children were employed. The brief course took place over two months, every Wednesday for two hours, for a total of 16 hours.

As for the nursing technicians, a brief course was developed with an hour load of four hours, covering topics such as integration of the health team and childcare, using a conversation circle and panel building as technique.

Theorization about the theme provided sensitization and engagement of the CHAs and Nursing Technicians, as they understood the importance and safety of knowledge in the management of children's health care.

Regarding the team, a service flow was agreed upon with pre-established intervals for the return visits and participation of the team comprised by the nurse, the physician and the dentist, leaving to the pediatrician from the unit the cases that really needed the specialist's follow-up, as can be seen in the flowchart below.

Fluidity and understanding of the therapeutic path facilitated communication and interaction of the team with the user, with the significant result of an increase in the demand for return visits of the children in the expected period, regardless of the existence of the pathological process, as well as more effective participation of the CHAs, as they felt more confident in guidance and monitoring of the appointments and care processes.

Coding the new interdisciplinary knowledge

Interactivity and knowledge exchange between the community, the students, the health professionals and the management provided development of significant knowledge, strengthening care and developing skills such as strategic planning, development of public speaking skills, ability to work in an interdisciplinary team, and understanding and developing people management actions and problem situations.

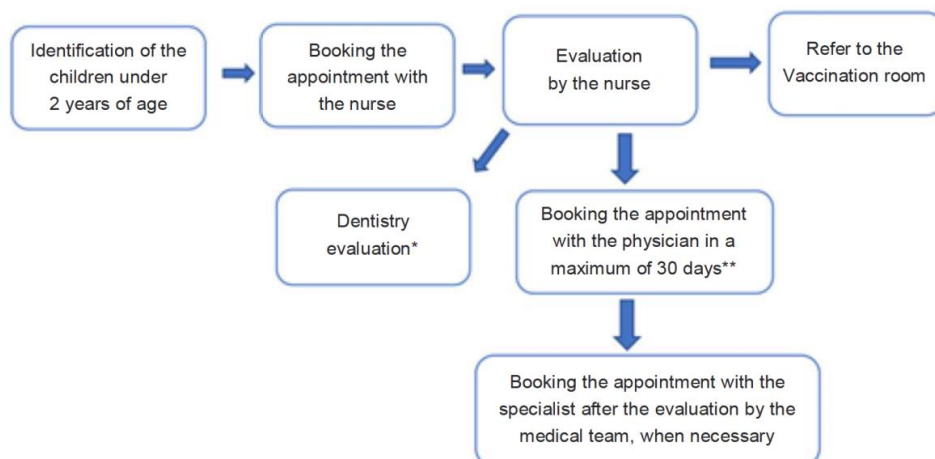
DISCUSSION

Identification and understanding of the problem is a significant fact for the behavioral change processes to be initiated, because many times, either because of cultural aspects or due to the intense dynamics of the service provided, visualization or recognition of the problems becomes more difficult and they are characterized as normal or correct. For Morin⁽¹¹⁾, human beings have error and illusion as two of the significant aspects that hinder visualizing the knowledge to be acquired, as well as the influence of beliefs, doctrines and theories that interfere with the individual's rationality.

Thus, using techniques, instruments and strategies is significant for sensitizing the actors involved in the process, so that they can perceive their own practices through reflexive criticism, being able to reflect on the multifactorial aspects, whether they are environmental, social, political, sanitary and/or others that interfere in the problems identified. A

Teaching-service-management integration for interdisciplinary.. number of studies point to the importance of the unit's performance, in addition to obtaining the contextualizing, shedding light on the organizational team's involvement in order to achieve problem-solving^(13, 14) processes and identifying factors that interfere with

Figure 2. Childcare flowchart. Fortaleza, Ceará, Brazil, 2019.
CHILDCARE FLOWCHART



*The Dentistry return visit is still according to the guidance by the professional dentist of the team.

**The return visit for the evaluation by the nurse, after the medical evaluation, must take place in a maximum of 30 days in children aged up to one year old; after this period, follow the Ministry of Health guidelines.

Source: The authors (2022).

The Problem Tree and Maguerez Arch enable development and application of the idea in a real context, materializing the actions that were widely discussed and mediated by the professor and the students, together with the professionals, enhancing the action-reflection-action relationship in the practice⁽¹⁵⁾.

For Morin⁽¹¹⁾, the manifestation of the unexpected, understood as leaving the comfort zone, contributes to the individual a revision of theories and ideas instead of passively assuming the new ideas; this aspect transforms people into active agents and re-structurers of their new way of seeing the situations.

Elaboration of the mini-courses was based on the reflection that, in order to attribute importance to the knowledge to be acquired, every human being needs to have their object contextualized, making them question their position as individuals in the world in which they are inserted⁽¹¹⁾.

From this perspective, it is important to emphasize that the fragility of professional training in the development of interdisciplinary work contributes to care fragmentation, with the need to develop training processes and spaces that enable knowledge development through interdisciplinarity. The search for this dialog between management, professionals and undergraduate students contributes to developing effective and understanding communication. This can be classified as meaningful understanding, in which knowledge happens by apprehending together⁽¹¹⁾.

Breaking the professional barriers created during training and the professional practice and reformulating a new way of thinking, that is, thinking together, is a complex and challenging moment, as it requires a new way of doing from all the actors involved, democratizing care.

Thus, this dynamic of sharing care in children's health becomes significant for all actors involved, but mainly for the students since, through contact

with the practice and with the professionals, they understand the applicability of knowledge in the reality of primary care services, strengthening the importance of teamwork and care autonomy by nurses.

The following is noted as a study limitation: the fact that it was developed in a single locus, showing the reality of the context intrinsic to the situation studied. However, the study evidences the importance of the joint teaching, service and management actions through the use of active methodologies for problem-solving. Furthermore, it allowed bringing about contributions for the reflection on practices in this scope, for the development of strategies that may be applied and evaluated in the Primary Health Care context.

CONCLUSION

The relationship between teaching, service and management is a strategy that enhances the identification of problem situations and the search for solutions through integration of the diverse knowledge that contemplates this triad in Primary Health Care. For engagement to occur, it becomes necessary to promote application of methodologies that horizontalize knowledge and allow for an environment of joint constructions.

Using active methodology strategies in permanent education provides a new perspective at the practice developed, motivating the professionals to understand the importance of their integrated actions, thus establishing continuous, democratic and empowered care.

In the context of children's health, which requires a holistic view, the integration of this diverse knowledge of professionals in training with those that experience the reality of the service favors the reduction of health problems in children and strengthens the human, critical and effective care process. Thus, it is suggested to develop research

studies focused on the improvement of new knowledge regarding the relationship between teaching, management and service.

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