EXTENDED NURSING CONSULTATION: EDUCATION POSSIBILITIES FOR THE PRACTICE OF INTEGRALITY IN HEALTH

Maria Luiza Paz MACHADO[a], Dora Lúcia Leidens Corrêa de OLIVEIRA[b], Silvia Troyahn MANICA[c]

ABSTRACT

The objective was to analyze an intervention in the traditional way of teaching nursing consultation and its potential for nurses' education aiming for the practice of integrality in health. This is a participative research carried out from August to November 2011 with eight students attending the School of Nursing in a public university from the south of Brazil. The study context comprised outpatient consultations and daily life experiences of the patients. Data were collected through focus group and submitted to thematic analysis, in which two categories emerged: "The interactivity between the traditional and the extended scenario: possibilities for the integrality in education" and "The extended nursing consultation: knowledge from experience". The analysis evidenced that the experience produced knowledge coherent with the integrality in education. We conclude that the diversification of learning scenarios may configure a pedagogical strategy with potential to foster changes in the existing health care and education model.

Descriptors: Education, nursing. Health education. Learning.

RESUMO

Objetivou-se analisar uma intervenção no modo tradicional de ensinar a consulta de enfermagem e seu potencial para a formação de enfermeiros para a prática da integralidade em saúde. Pesquisa participante, desenvolvida com oito alunos do Curso de Enfermagem de uma universidade pública do sul do Brasil, no período de agosto a novembro de 2011. O contexto de estudo constituiu-se pelas consultas ambulatoriais e por vivências no cotidiano dos usuários. Os dados coletados por meio de grupo focal foram submetidos à análise temática, emergindo duas categorias: "A interatividade entre o cenário tradicional e o ampliado: possibilidades para o aprendizado da integralidade" e "A consulta de enfermagem ampliada: saberes gerados na experiência". Evidenciou-se que a experiência foi produtora de saberes coerentes com a formação para integralidade. Conclui-se que a diversificação de cenários de aprendizagem pode configurar-se como estratégia pedagógica com potência para provocar transformações no modelo de atenção/formação em saúde vigente.

Descritores: *Educação em enfermagem. Educação em Saúde. Aprendizagem.*
Título: *Consulta de enfermagem ampliada: possibilidades de formação para a prática da integralidade em saúde.*

RESUMEN

Se analizó una intervención en el modo tradicional de enseñar la consulta de enfermería y su potencial en la formación de enfermeros para la práctica de la integralidad en salud. Se desarrolló una encuesta participante con ocho alumnos del Curso de Enfermería de una universidad pública del sur de Brasil en el período de agosto a noviembre de 2011. El contexto estudiado cubrió consultas externas y vivencias del cotidiano de vida de los usuarios. Los datos recolectados por grupo focal fueron sometidos al análisis temático del cual emergieron dos categorías: "La interactividad entre el escenario tradicional y el ampliado: posibilidades para el aprendizaje de la integralidad" y "La consulta de enfermería extendida: saberes generados en la experiencia". Quedó evidenciado que la experiencia produjo conocimientos consistentes con la formación para la integralidad. Se concluye que la diversificación de escenarios de enseñanza puede configurar una estrategia pedagógica con potencia para provocar cambios en el modelo vigente de atención/enseñanza en salud.

Descriptores: *Educación en enfermería. Educación en salud. Aprendizaje.*
Título: *Consulta de enfermería ampliada: posibilidades de formación para la práctica de la integralidad en salud.*

a PhD in Nursing, Associate Professor, School of Nursing, Federal University of Rio Grande do Sul (EENF/UFRGS), Member of the Study group in Health Promotion (GEPS), Porto Alegre, Rio Grande do Sul, Brazil.
b PhD in Education, Associate Professor, EENF/UFRGS, GEPS co-ordinator, Porto Alegre, Rio Grande do Sul, Brazil.
c Nursing undergraduate student, UFRGS, Scientific initiation scholarship/CNPq, member of GEPS, Porto Alegre, Rio Grande do Sul, Brazil.

Versão on-line em Português/Inglês: http://www.scielo.br/scielo.php?script=sci_serial&pid=1983-1447&lng=pt&nrm=iso

INTRODUCTION

The creation of the Unified Health System (SUS) resulted in important implications for the educational context when they advocated changes in the traditional model of health care. Historically, health education has been supported by the biomedical paradigm, guiding a fragmented understanding of the body and a simplified conception of health as absence of disease[1]. The proposed changes mainly include the expansion of health practices toward others, which considers aspects of patients' lives, beyond those aspects related to the illness. Therefore, advocating in favor of changes to a model that dislocate the centrality of technical knowledge for patients and their health needs, enabling the planning of more effective health promotion actions.

Ratifying the principles instituted by SUS, the National Curriculum Guidelines (NCG) for undergraduate courses in health, including Nursing, started recommending the training of a generalist, a critical and reflective practitioner, able to work and ensure integrality care and humane assistance[2].

Despite the guidelines of the NCG and, although it has advanced in discussions in relation to changing needs, the Nursing undergraduate course, scenario of this study, has presented difficulties in overcoming conservative ways of teaching, hindering progress towards pedagogical practices that can promote changes in the current education. In this context, the nursing consultation (NC) is noteworthy, which generally remains being taught according to the presuppositions of traditional clinic.

Based on current policies for education, we elected integrality as the guiding principle of this research. This option was based on the potential it presents to leverage the necessary changes in the care/educational model.

The principle of integrality can be described from three sets of senses[3]. The first is related to the coverage of government responses to health problems, in the sense of ensuring people universal and equal access to health actions, by coordinating all levels of care, the second sense is related to aspects of the organization of services and their ability to grasp, in a wider way, the needs of groups; and the third sense regards the practices adopted by health professionals, who must be able to identify and provide activities centered on patients and their health needs, from their singularities.

Considering the teaching of the NC under study, which occurs in a circumscribed space of health service, we adopted the third sense of integrality as its guiding. We delimited, as the focus of research, the NC aimed at patients with chronic non-communicable diseases (NCDs) held in outpatients' clinic of a teaching hospital, which is used as a field of practice of nursing undergraduate course of the university where the study was conducted.

This started from the assumption that the rules that organize such a scenario imposes limits to the education in the perspective of integrality. We highlight the pre-defined time for attending patients, the record of the consultation on electronic patient's charts, use of protocols, among other aspects.

Then, we defined as research question "In what extent can the expansion of the care scenario contribute to the education of nurses in the perspective of integrality in health?". The study aimed "to analyze an intervention in the traditional way of teaching the NC and its potential for the education of nurses for the practice of integrality in health". The intervention was called *Extended nursing consultation*, based on the assumptions of extended clinic in order to shift the emphasis of the actions of care/education on the disease to center it on patients and their health needs[4].

METHODOLOGY

Participatory research[5], which originated a doctoral thesis entitled "Extended Nursing Consultation: education possibilities for the practice of health in its integrality"[6]. The method chosen allowed the creation of a space for critical analysis of the care process developed in the context of teaching, allowing the role of the actors involved in the research.

Intervention was designed in the traditional way of teaching the NC, by diversifying the outpatient clinic scenario, for others, constituted by patient's everyday lives. The research process was developed concomitantly with the activities of the

Versão on-line em Português/Inglês: http://www.scielo.br/scielo.php?script=sci_serial&pid=1983-1447&lng=pt&nrm=iso

subject in which the researcher lecture with the participation of eight undergraduate students, characterizing a convenience sample.

The preparation procedures for intervention consisted of bringing the participants closer to the theoretical framework of the study, as well as the collective elaboration of a semi structured interview guide to subsidize the extended NC. The questions prioritized aspects of patient' lives beyond those aspects, which are strictly biological.

The research scenario was constituted by students' experiences in the interaction between the two scenarios of care. The expanded NC differed from traditional NC in the extended opportunities for interaction between students and patients, minimizing the boundaries identified in the outpatient clinic for learning integrality.

We considered as the starting point of this extension, the traditional NC. On this occasion, we requested patients' permission to be visited by students at locations agreed by both. Five patients consented, two were visited in their homes, two in a city park and one in a mall.

Each patient had contact with students on an outpatient NC and two extended NC. The first Extended NC was intended to meet the patient in their daily lives. The second meeting aimed to discuss and build a therapeutic plan, drawn up on the basis of information obtained in the outpatient consultation and in the previous meeting.

Data collection occurred from August to November 2011, through focus group[7], characterized as a qualitative research technique that collects data from group interactions, gathering in-depth information about a specific thematic. The activity was developed in accordance with a schedule with the following objectives: a) reflect on learning experiences generated by the performance in traditional and extended care scenarios; b) reflect on the potential of experiencing the transition between traditional and extended care scenarios for integrality learning; c) reflect on the experience of sharing a protagonist space with the patient and on the learning resulted from this experience.

Three meetings were held with the participation of eight students, the researcher and a fellow student, who recorded the statements, in mp3, with subsequent transcription on file. Information which has been synthesized and validated by the participants collectively. We used the criterion of saturation of information[6] to define the end of the data collection.

The interpretation of information was guided by thematic content analysis[6], which comprised the steps of pre-analysis, material exploration and interpretation of data. As a result, two categories emerged: "The interactivity between the traditional and the extended scenario: possibilities for the integrality in education" and "The extended nursing consultation: knowledge from experience".

The ethical aspects were respected, and the participants were informed about the objectives of the research and their form of participation, they also signed the consent form. Their identities were preserved, with their names replaced by the letter P followed by a sequential number (1 to 8). The project was approved by the HCPA Ethics Committee in Research, No. 110212. Patients, attended during the fieldwork were not considered participants of the study, which did not influence the care provided in the NC.

RESULTS AND DISCUSSION

The interactivity between the traditional and the extended scenario: possibilities for the integrality in education

The experience allowed the identification of the limits and potential of traditional NC and Extended NC for learning the perspective of integrality in health.

In the participants view, outpatient consultations presented the following as major barriers to the practice of integrality: the limited time of performance, the use of computer and collection of structured data.

> *A limitation of the consultation is the time. How can we be complete professionals? You have to choose between quality or quantity. (P6)*

> *The time influences. You are looking at the patient and, at the same time, at the clock in the corner of the computer. (P1)*

> *Maybe one can even be able to type and pay attention to the person at the same time. The rush of consultations*

makes us lose focus on the understanding of why that person is there. (P3)

It is like filling a form. The patient cannot develop a conversation as he/she would like, and sometimes this conversation can make all the difference. (P2)

The statements reflect a teaching/care scenario consistent with traditional clinic and biomedical logic, which go on influencing the current syllabus of undergraduate nursing. Consequently, health practices have been guided almost exclusively by aspects related to disease and not the subject, installing them in a conducive environment for prioritizing light-hard technologies[8], based on structured knowledge, particularly in the clinic and epidemiology. As a result, they are devalued in this context, light technologies which, being based on relational practices, have more power to apprehend the health needs of the patients[8].

Another characteristic of the traditional clinic, evidenced in the statements is the predominance of a normative/informative/investigative communicative character, limiting the autonomy of subjects of care and the possibility of establishing a dialogue. By reducing such possibilities is also reducing the spaces of interaction between the knowledge of professionals and knowledge brought by patients.

In the current model, we are going to address more of what we want to hear. (P6)

He [the professional] is there [in his consultation office] to answer the questionnaire, he/she does not want to know the context. (P8)

In normal traditional clinic, the use of information-gathering protocols reduces the subject to the condition of a patient, narrowing the clinical visual field for a disease and shortening the approach of the health needs to the limits of his/her own body. Guided by the use of a systematic instrument, this type of approach hinders the understanding of the phenomenon of illness in all its complexity, by limiting the description of little contextualized facts[9].

Unlike the traditional approach, the new scenario of care, proposed by the study, made us focus on the subject of care, by bringing aspects of his/her life difficult to emerge in restricted spaces of relation, such as the consultation office. Thus, the extended NC could be a precursor to another type of approach, no longer centered on previously knowledge defined as relevant, but guided by the unique needs of each patient.

The expanded consultation model makes it possible for other matters to arise that are also important. (P4)

We go to expanded consultation with new questions. It was a conversation between two people, uniting knowledge. (P6)

We had a script of the consultation, but it was not that closed thing. We could explore it the way we wanted it. (P7)

In such circumstances, we could identify a transition in the care modalities, previously based on structured processes, advocated by the knowledge formatted in the clinic, for other less harsh and more power to produce subjectivities of the actors in care, allowing such a meeting to have higher sense for both[8].

We also found, that the experience in interactivity between traditional and extended scenario promoted among the participants, the understanding that is necessary to learn to live with the biomedical model and the extended care model.

There is no way to separate the two models. We must find a way to make these two things work together. (P3)

We have to work with integrality even in the biomedical model. If the biomedical model aims only disease, integrality helps seeing other factors that may influence the disease. (P8)

The analysis showed that the reflections on the limits and potential of NC for the practice of integrality were precursors to "realize" that it can be practiced anywhere, traditional or not, since extended care will depend more on professional attitude change and less of the patient and scenario.

If I had not come into contact with the extended consultation, I would not have this vision of integrality that will depend on me and not where I'll be. (P5)

Yeah, integrality has nothing to do with the scenario, we have to change the thinking, even without going anywhere. (P2)

The statements show that participation in the research allowed other learnings generated at the intersection between prior knowledge and knowledge renovated by experience, thus becoming a way of learning distinct from traditionally developed in the existing education[14].

The extended nursing consultation: knowledge from experience

The extended NC generated knowledge, considered as facilitators of learning from the perspective of integrality. One kind of learning is related to the perception that intervention priorities, elected by professionals, are not always coincident with the one elected by the patient.

Usually, in the context of outpatient consultations, professional decisions have been adopted from the clinical reasoning resulting from detailed analyzes of synthetic data and reports from patients, this kind of care might not be as helpful as a health professional would expect and, therefore, not coherent with patient's needs. This approach uses the notion of "health problems" to guide the definition of situations liable to interventions, having, as intended, disease control clearly translated in knowledge based on biomedical rationality[10].

The statements analysis suggest that education undertaken from the biomedical rationality causes, initially, students to value physical problems as priorities for their professional care in detriment of other problems.

> *Our patient had a colostomy bag, but that did not appear in the expanded consultation. (P3)*

> *We could not believe that she was not bothered with that colostomy. She suffered with her son who did not speak to her. That's her problem, not the cancer or obesity. (P2)*

> *In the extended consultation we can see that the problems we identified are not always a priority for the patient. (P4)*

Unlike "health problems", we considered in this study, possibilities of expanding the object of care, through interventions that enhance "health needs"[9] as basis for planning. Thus, patient's needs could be learned from listening to the patients in their daily lives, enhancing their knowledge and perceptions about situations in his/her life, and not only those related to the processes of illness, providing opportunities for learning that the identification and analysis of health problems depend on the perspective from which they are identified, since the problem of someone could not be considered a problem for other[11].

In addition to this learning, listening was highlighted as important technology for the expansion of modes to provide care based on health needs, as it facilitate the apprehension of life situations of the patients, which hardly would be revealed in the consultation office.

> *We learn to listen. The patient talked about serious family issues. We would never find that in the consultation office. (P3)*

> *In integrality consultation we listen, we do not addresses so much. (P6)*

> *In the office we hear more than listen, we are already thinking about the next question.(P4)*

> *Listening is capturing information. A person who is not just listening seeks to know what are the other factors that are related. That is the difference of listening, that we will try not to follow the same line of reasoning. (P5)*

> *In the consultation office, the professional makes a selective listening; he/she is there to fill in the questionnaire. (P8)*

It was also found that the problematization process of listening resulted in the understanding that this can extrapolate the simple act of hearing, a result of the physiological mechanism of hearing[12]. Thus, it can be observed, in the statements, two types of listening, characteristic of distinct models of care. In the perception of the students, according to their temporal and protocol limits, the traditional consultation is performed from a restricted process of communication with patients, in which the listener is deaf[13], i.e. the hearing process is put to work, without necessarily listening to what the person is mechanically listening.

The predominance of the "deaf listening", translated by one participant as "selective listening" reduces "listening" to an act of protocol, which can result in limited conclusions restricted

to previously outlined hypotheses. These are communication practices that are going to talk "with" and not "to" the person, reducing the chances of apprehending the uniqueness of the human being[13].

Also with respect to the modes of listening, another kind of listening emerges in the statements of students when they refer to the extended NC. According to them, the extended NC promoted an interested listener, because it was open to the messages of the cared person. In the presence of "listening-care", the communication process will now pass the plan as experimentation. This means accepting that the other's need have to be included as a disturbing element and analyzed the naturalized lifestyles and the instituted health practices[13].

Other knowledge, that seems to have been learned by students is the experience of moving from a pre-structured model to a more flexible consultation, with greater possibility of creating a bond that extended NC provides.

> *The question of the person being in their habitat is different. The trust, the bond made, things emerge that would not arise in the consultation office. (P3)*

> *Yeah, the visits were interesting in the sense of creating a bond, establishing a relationship of care. (P7)*

> *The bond makes the patient to have treatment adherence, because he/she trusts you, because he/she believes you want to help him/her. (P4)*

As compared to listening, the students recognized that the creation of bonds was facilitated by the approach of the patients in their everyday lives, indicating the informality of the meeting and trust that is established from it, as associated advantages. The trust relationship between patient and professional and the resulting perception of their good intentions were also considered facilitators elements of adherence to therapeutic plan.

In addition to enabling listening to the patient' needs and opportunities of creating bonds between participants and patients, extended NC was also perceived as a protagonist promoter.

> *In the extended consultation, the patient becomes the protagonist and that is what makes the integrality happen. (P5)*

> *One thing is to do a list of things for the patient and another thing is when health professionals negotiate together with the patient something that is not imposed. (P7)*

The recognition by students of the importance of patient involvement in the preparation of their own care plan indicates equal appreciation of the autonomy of the subject in its integrality relation[4, 14]. Thus, care in this perspective becomes grounded in mutual listening and appreciation of patients everyday elements, not necessarily linked to the disease, considering such elements for the planning of health actions in accordance with the situations they brought.

Aside from the recognition of protagonist role of patients as facilitator of integrality, participants revealed to have also understood the importance of their own role in the knowledge construction process of learning. Autonomy, resulting from the activities proposed by the study, made the students, initially in the position of learners, gradually take over the role as subject of their own knowledge construction process[12].

> *We were all successful in the commitment to research, with the patient, going after things and all of it made us develop autonomy. (P1)*

> *We feel more protagonist. When we are alone, we use more the critical sense. (P5)*

> *This experience motivated my autonomy. Many patients were accessible, others weren't. We had to learn to deal with it. (P8)*

The statements suggested that the pedagogical process, developed under the presented research, approached the logic of continuing health education (CHE), since learning of knowledge was forward by problematization of the experiences lived in the real context of their own practice. In this sense, we reiterated the potential of CHE to prepare future health professionals for a guided practice through reflection[15].

FINAL CONSIDERATIONS

The diversification of learning scenarios can configure in pedagogical strategy with power to cause changes in the model of care/education on current health. The research was based on the

Versão on-line em Português/Inglês: http://www.scielo.br/scielo.php?script=sci_serial&pid=1983-1447&lng=pt&nrm=iso

proposal to expand the teaching scenario of the NC, beyond an outpatient clinic, introducing an innovation in nursing education.

Several barriers to the practice of integrality experienced in the traditional NC teaching were overcome with experience: the limitation of time, prioritizing the collection of information from structured way and poorly contextualized, the reduction of the subject to the condition of patient, the theoretical basis narrowed to clinical knowledge.

In this study, pedagogical practices, which were built on the broad concept of health, produced different knowledge from those commonly learned in traditional NC, more coherent with the integrality in education, such as: intervention priorities chosen by professional and perceived by patients do not always coincide; listening is a technology that provides access to situations of patient' lives, hardly revealed in traditional consultation; informality of the professional/patient meeting favors the bond and becomes viable the patient participation in the production of the therapeutic planning.

The research process revealed the potential of participatory research for creating spaces for production of problematization/reflection, which may contribute so that students may act critically to transform the current care/education, which prevails in the trajectory of the undergraduate model. From these findings, we suggest the continuing debate around this thematic, through studies involving the nursing faculty, providing opportunities for reflection on their own practice and their role in this change process.

Possible limitations of this study are related to its design, since it has been delimited to a discipline of the nursing course, restricting the approach to the proposed theme. Still, the study reveals important aspects to be considered in a process of change. To keep consistency with the logic of integrality, the proposed changes in education need to be grounded in listening to the involved subjects, including students themselves.

REFERENCES

1 Camargo Jr KR. Biomedicina, saber e ciência: uma abordagem crítica. São Paulo: Hucitec; 2003.

2 Conselho Nacional de Educação (BR), Câmara de Educação Superior. Resolução CNE/CES n.3, de 07 de novembro de 2001: institui diretrizes curriculares nacionais do curso de graduação em enfermagem. Brasilia (DF): Diário Oficial da União 2001 Nov. 09, 215, Seção 1: 37.

3 Mattos RA. A integralidade na prática (ou sobre a prática da integralidade). Cad Saúde Pública. 2004 set./out.;20(5):1411-6.

4 Campos GWS. Saúde paidéia. 3ª ed. São Paulo: Hucitec; 2007.

5 Brandão CR, Streck DR. Pesquisa participante: a partilha do saber. Aparecida: Idéias e Letras; 2006.

6 Machado MLP. Consulta de enfermagem ampliada: possibilidades de formação para a prática da integralidade em saúde [tese]. Porto Alegre (RS): Escola de Enfermagem, Universidade Federal do Rio Grande do Sul; 2013.

7 Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 11ª ed. São Paulo: Hucitec; 2008.

8 Merhy EE. Saúde: a cartografia do trabalho vivo em ato. 3ª ed. São Paulo: Hucitec; 2007.

9 Souto BGA, Pereira SMSF. História clínica centrada no sujeito: estratégia para um melhor cuidado em saúde. Arq Bras Ciênc Saúde. 2011;36(3):176-81.

10 Camargo Jr KR. Das necessidades de saúde à demanda socialmente construída. In: Pinheiro R, Mattos RA, organizadores. Construção social da demanda: direito à saúde, trabalho em equipe, participação e espaços públicos. Rio de Janeiro: CEPESC/UERJ/ABRASCO; 2010. p. 93-103.

11 Cecilio LCO. As necessidades de saúde como conceito estruturante na luta pela integralidade e equidade na atenção à saúde. In: Pinheiro R, Mattos RA, organizadores. Os sentidos da integralidade na atenção e no cuidado à saúde. Rio de Janeiro: UERJ-IMS/ABRASCO; 2001. p.113-126.

12 Freire P. Pedagogia da autonomia: saberes necessários à prática educativa. 43º ed. São Paulo: Paz e Terra; 2011.

13 Heckert AL. Escuta como cuidado: o que se passa nos processos de formação e de escuta? In: Pinheiro

Versão on-line em Português/Inglês: http://www.scielo.br/scielo.php?script=sci_serial&pid=1983-1447&lng=pt&nrm=iso

R, Mattos RA, organizadores. Razões públicas para a integralidade em saúde: o cuidado como valor. Rio de Janeiro: ABRASCO/CEPESC; 2007. p. 199-212.

14 Ministério da Saúde (BR). Clínica ampliada e compartilhada [Internet]. Brasilia (DF); 2009 [citado 2012 outubro 10]. Disponível em: bvsms.saude.gov/bvs/publicacoes/clinica_ampliada_compartilhada.pdf.

15 Ceccim RB. Educação permanente em saúde: desafio ambicioso e necessário. Interface Comun Saúde Educ. 2004/2005;9(16):161-77.

Author's address / *Endereço do autor / Dirección del autor*
Maria Luiza Paz Machado
Rua Veríssimo Rosa, 321, ap. 202, Partenon
90610-280, Porto Alegre, RS
E-mail: luiza@enf.ufrgs.br

Received: 16.09.2013
Approved: 16.12.2013

Versão on-line em Português/Inglês: http://www.scielo.br/scielo.php?script=sci_serial&pid=1983-1447&lng=pt&nrm=iso