

**EXTENDED CLINIC: MEDICAL STUDENTS' KNOWLEDGE****CLÍNICA AMPLIADA: CONHECIMENTO DE ALUNOS DE MEDICINA****CLÍNICA AMPLIADA: CONOCIMIENTO DE ESTUDIANTES DE MEDICINA**

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RESUMO

Objetivo: identificar o conhecimento sobre Clínica Ampliada dos alunos de Medicina ao final do estágio rural. **Método:** trata-se de um estudo qualitativo, observacional, com 25 alunos do curso de Medicina. Foi aplicado um questionário com quatro perguntas abertas sobre: conhecimento, vivência, características e inserção da clínica ampliada no internato e na atenção básica, ao final do estágio rural. A análise dos dados foi embasada na técnica de Análise de Conteúdo Temática de Bardin. **Resultados:** verifica-se que os alunos apreenderam o conhecimento sobre Clínica Ampliada, o que proporciona uma visão ampliada do cuidado ao paciente. **Conclusões:** a temática de Clínica Ampliada vem sendo trabalhada durante o curso de Medicina, atendendo a uma das proposições contidas nas Diretrizes Curriculares Nacionais.

Palavras-chave: Atenção Primária à Saúde; Internato e Residência; Medicina.

ABSTRACT

Goals: to identify the knowledge about Medical Clinic's Extended Clinic at the end of the rural internship. **Method:** it is a qualitative, observational study with 25 students of the medical course. A questionnaire was applied with four open questions about: knowledge, experience, characteristics and insertion of the extended clinic in boarding school and basic care, at the end of the rural stage. The analysis of the data was based on the technique of Bardin's Thematic Content Analysis. **Results:** it is verified that the students apprehended the knowledge about the Extended Clinic, which provides an expanded view of patient care. **Conclusions:** the topic of Expanded Clinic has been worked with during the Medicine course, taking into account one of the propositions contained in the National Curricular Guidelines.

Keywords: Primary Health Care; Internship and Residency; Medicine.

RESUMEN

Objetivos: Identificar el conocimiento sobre Clínica Ampliada de los alumnos de Medicina, al final de la pasantía rural. **Métodos:** se trata de un estudio cualitativo, observacional, con 25 estudiantes de medicina. Se aplicó un cuestionario con cuatro preguntas abiertas sobre: conocimiento, vivencia, características e inserción de la clínica

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ampliada en el internado y en la atención básica, al final de la pasantía rural. El análisis de los datos se basó en la teoría de Análisis de Contenido Temático de Bardin. **Resultados:** se verifica que los alumnos aprehendieron el conocimiento sobre Clínica Ampliada, lo que proporciona una visión ampliada del cuidado al paciente. **Conclusiones:** la temática de Clínica Ampliada viene siendo trabajada durante la carrera de Medicina, atendiendo a una de las proposiciones contenida en las Directrices Curriculares Nacionales.

Palabras clave: Atención Primaria de Salud; Internado y Residencia; Medicina.

INTRODUCTION

Primary Health Care (PHC) in Brazil is the gateway to the Unified Health System (UHS). The Family Health Program (FHP) was proposed in 1994 by the Ministry of Health, when some cities were already developing similar actions in view of the difficulties of consolidating the principles of the Unified Health System (UHS) - with respect to the solidification of principles: universality, completeness, decentralization and social control.¹ The Family Health Strategy (FHS) acts as an organizing, dialogical cell, able to weave the threads that organize health care networks. It consists of a multi-professional team that is responsible for integration, continuity and, above all, health promotion.²

One of the challenging aspects of Primary Care that are placed in relation to the consolidation of health practices and clinical excellence, based on UHS principles and guidelines, is the workforce problem. This is due to the fact that the traditional medical clinic has a tendency to be responsible only for the illness and not for the sick person. There are great difficulties for the effective transformation of the clinic in the UHS, mainly in the execution of prevention actions and the integrality of the care carried out in a fragmented and insufficient way.³

The broader view of the treatment with the patient is in the proposals of the FHS and professionals should develop a commitment to the users regarding their autonomy, deepen the view of the responsibility of care, guarantee, within their governance, good assistance related to the promotion, prevention, healing and rehabilitation through inter-sectoral, biopsychosocial, participative management and the recognition of their technical and personal limits.⁴ In other words, it allows the expansion of individual and collective attention, allowing other aspects of the subject, not only the biological, to be understood and worked out by health professionals.

The National Curriculum Guidelines (NCGs) of the undergraduate medical course establish the principles, fundamentals and purposes of medical education. The medical graduate will have general, humanistic, critical, reflexive and ethical training, with capacity to act in the different levels of health care, with actions of promotion, prevention, recovery and rehabilitation of health, in the individual and collective spheres, with social responsibility and commitment to the defense of citizenship, human dignity, the integral health of the human being and having as cross-sectionality, in its practice, always, the social determination of the health and disease process.⁵

The Medicine Course Pedagogical Project (PP), prepared in 2013, has, in its format, some objectives: to train physicians with knowledge to attend to the health problems of the regional community, according to the prevalence, lethality and potential of prevention, through the actions of Promotion, Protection, Intervention and Rehabilitation, within ethical and human principles; to provide a general training to the professional that makes him able to use the semiological and therapeutic resources, prioritizing the doctor-patient relationship, with a critical and transforming sense of reality, with the ability to solve problems and work as a team, as well as health management.⁶

The last two years of the medical course at the College of Medicine (FAMED) of the Federal University of Alagoas are composed of stages in the various clinical settings. The rural internship is carried out in municipalities of the interior of the State of Alagoas, for a period of two months, where the students reside for this time and develop the training in Basic Health Units (BHU) that work with the FHS, having as preceptor the chief medical officer of the team, being supervised by FAMED.

Thus, for the formulation of new proposals for the training of health professionals from the perspective of the Expanded Clinic (EC), that is, with critical-reflexive training, it is necessary to use work strategies such as: team integration multi-professional; customer delimitation; link building; elaboration of a unique therapeutic project and the expansion of intervention resources on the health-disease process.

The construction of the EC occurs with the modification of the development of the attention offered to the users, either individually or collectively, considering the being in a holistic way.³ Thus, the professional considers both the individual aspects as well as the environment in which the user is inserted, since

people's socioeconomic and cultural conditions influence the manifestation of diseases and the search for care.⁷

Through the multidisciplinary approach, the EC seeks to add various forms in order to respond to the complexity of health care, recognizing the need for multiple knowledge, facilitating the understanding of the issues raised.⁸

The principle of autonomy is one of the pillars of contemporary bioethics, relating to the emancipation of the subject towards its self-determination. It enables impulse control, leading to interaction with you and others about your values and refusing submission to external causes. It suggests, therefore, openness to living together with the other based on values that respect alterity and free choice.³

The expanded clinic is based on the construction of singular responsibility and of bond with stability with the members of all the health team and user.⁸ In this expanded perspective and in the attempt to overcome the paradox between the hospital-centered and the desired clinic, medical teaching is in the process of transformation. This article aims to identify the knowledge about extended clinical practice among medical students when they were admitted to a rural internship.

METHOD

This is a qualitative, observational study, carried out from September to December 2016. Participants in the study were 25 students who attended the internship of the rural internship of the sixth year of the medical course of FAMED and were identified in the research with fictitious names.

The questionnaire was prepared by the researchers with four open questions: "What do you know about extended clinical practice and what are the main characteristics?"; "The expanded clinic can be inserted in all stages of activities of the stages in the 11th period"; "Have you ever experienced the extended clinic in some of your internship stages?"; "According to your eyes, how do you expect the development of the expanded clinic in primary care?".

The instrument was applied by supervisors responsible for the boarding school in FAMED classroom during the seminar closing the rural internship.

The analysis of the data took place manually, starting from the previous categories of questions formulated - knowledge, characteristics, experience and

insertion in the internship (rural internship) -, based on the technique of Bardin's Thematic Content Analysis,⁹ which considers EC a set of techniques of communication analysis in order to obtain systematically and objectively, from the description of the studied content, indicative messages that allow to identify the scope of knowledge regarding the conditions of production/reception of the speeches.

In the first step, the data were organized in spreadsheet in Word, when a pre-analysis was carried out to search for ideas in the answers, making a synthesis for each question. The second stage verified whether the findings answered the research question, searching the recording units, relating the speech to the theme, in order to identify if their deduction made sense. Then the interpretation and analysis were done. In the third stage, the following categories were identified: Shared clinic; Multi-disciplinarity; Inter-disciplinarity; Autonomy and Integrality. This study was authorized by the Ethics Committee of the Federal University of Alagoas with case number 1,753,349.

RESULTS AND DISCUSSION

The FAMED Medicine course, through the Axis of Approach to Medical Practice and Community (EAPMC), has been working, together with the students, with the concept of EC and its application, in primary care since the beginning of the course, following the NCGs, which is proven by the results of this research, which identified five categories: Shared Clinic; Multi-disciplinarity; Inter-disciplinarity; Autonomy and Integrality. Each of them will be described below.

Shared clinic

The students related EC to the shared clinic. This clinic proposes to carry out a modified, extended reconstruction of the biomedical model, placing, in clinical practice, knowledge from Collective Health, Mental Health, Planning, Management and Social and Political Sciences¹⁰ follow in the lines below.

The expanded clinic is related to a shared clinic. It prioritizes the view of the patient as a whole, taking into account relevant aspects of the patient's life, allowing the understanding and greater facility to deal with subjective, social and family problems of the community. (Maria)

For this, there must be dialogue between the professionals of a team, as well as the sharing of diagnoses and therapeutics. (João)

What needs to be more worked on is the diagnostic and therapeutic sharing. [...]. (Luis)

The expanded clinic proposes the shared construction of the diagnoses and conduction between the patient, the physician/health team. (Mariana)

The students also identified the application of EC in other levels of attention beyond primary care.

Childcare and Psychiatry also showed similar practices in analyzing the patient in all of their social and family context, prioritizing dialogue and sharing therapeutics. (Priscila)

Even though there was no discussion about EC in the disciplines that address other levels of health care, the students were able to recognize the characteristics of EC in these spaces, which demonstrates the apprehension of the concept discussed in health and society disciplines during the first five years of the University graduate.⁶

Multidisciplinarity

It was verified that the students pointed out the multi-disciplinarity as a characteristic present in the EC, resulting in a qualified listening and holistic view of the patient, as seen in the lines below.

It has as main characteristics: to approach the patient in a holistic vision, to share the construction of diagnoses and therapies (multi-professionalism). (Júlia)

In addition, there is a multi-professional work, the whole team committed to promoting the health of the user. (Marcos)

The main characteristics include qualified listening, formation of affective bonds; work with a multidisciplinary team and empathy. (Pedro)

And also during scientific and multidisciplinary meetings about the sick patient in the hospital, highlight the female ward, the Pediatrics and the ICU of this hospital. (Virginia)

There is a need for multi-professional work covering all aspects of individuals. (Marta)

Also recognizing the environment and socioeconomic context as an important aspect in the health-disease process, as pointed out in the following speech.

It consists of multidisciplinary support to the user, so that it can be looked at in every socioeconomic-cultural-biological context, enabling a continued care of the human being that he is. (Eliel)

Thus, one can describe multidisciplinary as the association of disciplines that converge towards a common goal, not requiring that each discipline have to significantly modify its own view of things and of the methods themselves.¹¹

Inter-disciplinarity

An aspect closely related to the multi-disciplinarity, by the students, was the inter-disciplinarity, which consists in health work that can be compared to a chain whose resistance depends on all the links of this chain and aims to promote the humanization of management and health care in a single time.¹²⁻¹³

One of the lines says:

The expanded clinic is a complex clinic that works in an interdisciplinary way, being all the disciplinary approaches with its importance [...]. (Tania)

In the stages of Psychiatry, especially in the CAPS AD and Casa Verde, we managed to experience well the inter-disciplinarity and, from this, the contact with the patients in other aspects that not only of Medicine. (Paulo)

Autonomy

The results showed that the respondents were able to identify the features of the extended clinical practice, such as: singularity, listening skills and bonding, and the patient's autonomy, recognizing the importance of health education.

Another important point of the enlarged clinic is the singularity given to each patient, as well as the clarification that is offered to it, giving it more autonomy and thus being able to help promote one's own health. (Felipe)

In addition, it allows the patient to have autonomy and can decide on the interventions that are indicated to him. (Tereza)

The main features of the expanded clinic are: patient uniqueness, developing skills such as listening for attachments and affections, stimulating autonomy [...]. (João)

I expect development through educational actions, home visits, bonding, establishing a relationship of co-responsibility and autonomy through education. (Rosa)

Autonomy is one of the principles of Bioethics, responsible for the breakdown of paternalistic conceptions in Medicine, where the physician holds the power of decision, determining the treatment to be performed by the patient. Thus, autonomy can mean the power of man to make decisions that affect his life. It deals with the decision about oneself and with freedom, guided by the health professionals with necessary technical information, without influence or manipulation. This reveals the care and assistance to your health with respect to your rights.¹⁴

Integrity

The students identify EC as a guideline that is present in the health actions, involving the professional, the team and the user, in the pursuit of the promotion of full and integral attention.

The expanded clinic consists of establishing an integral view of the patient, taking the disease as the main focus of health care. (Veronica)

The UHS has as one of the doctrinal principles the holistic view of the subject, considering the historical, social, political, family and environmental contexts in which it is inserted, which is revealed in the integrity, which is a UHS principle, taking into account biological dimensions, cultural and social of the user. It subsidizes health policies and actions, looking at demands on the service network,¹⁵ what happens in the practice of working in health teams, as can be seen in the statements of those surveyed below.

On the part of the professionals, it is the opening to dialog with the patient his treatment, the way to see the patient in an integral way in all its aspects. (Tiago)

The expanded clinic is the ability to visualize patients with a whole, each with its particularities and individualities, to provide comprehensive and differentiated health care. (Fernanda)

CONCLUSION

The data found in the research demonstrates that the students studied learned the knowledge about the Extended Clinic. This demonstrates that this theme has been worked on during the course, which provides an expanded view of care and meets the propositions contained in the National Curricular Guidelines.

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