Physiotherapy, Primary Care and Interprofessionality: Reflections after the Implementation of a Curricular Internship in the Community

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ABSTRACT

One of the fields of action of health professionals is Primary Health Care (PHC). The presence of different professional formations within PHC and the articulation between these professionals is fundamental for the integrality of the assistance provided to the population. Collaborative practices and comprehensive care are essential skills common to all professionals working in PHC and the Family Health Strategy. For the World Health Organization (WHO), Interprofessional Health Learning occurs when students and/or professionals from two or more areas learn from each other, about the work of the other, and from each other, aiming to bring benefits to patients. Thus, this experience report aims to report the experience arising from teaching activities carried out in the academic internship of students from the 7th and 8th terms of the Physiotherapy course at Universidade de Ribeirão Preto (UNAERP). The activities were developed in partnership with the Family Health Team of Unit Dr. Vinício Plastino, in Ribeirão Preto, from February 2018 to December 2019. Such activities result from the implementation of an internship that focuses on the professional's performance of physiotherapy at PHC. Within this unit, students from the Medicine, Pharmacy, and Physiotherapy courses worked together. After recognizing the territory and the dynamics of the local Family Health Team, the group of interns started a health education work with actions planned in an interprofessional and collaborative way. Based on the perception of the population's health needs, those actions that the team performs in the territory were aligned to the discipline practices - individual and family registration, territorialization, home visits, and health education groups; added by those of health promotion specific to physical therapy. The experience in the territory allowed: expanding the students' experience in the FHS, enabling observation and reflection on teamwork in this context; and sensitizing academics to the health needs of the population and discussing these needs through health education. Through experience, physiotherapy students, along with the team and students from other courses in the health area, could resize the importance and complexity of interprofessional work in PHC and, together, develop or improve skills essential to their profession.

Keywords: Interprofessional education, Primary health care, Multi-professional team, Physiotherapy.

INTRODUCTION

The Unified Health System (SUS) is organized on the principles of integrality, universality, and equity. Since its creation, SUS prioritizes the reorientation of the care model and combines initiatives with technical and higher education institutions so that professional training leads to the training of professionals structured in a multidisciplinary team.

One of the biggest challenges of the health system is the growing need for the involvement of the health professional in the different levels of care and the growing debate around the need to adapt professional training to the epidemiological reality, and the offer and the way of providing care in the health network[1]. Considering these premises, it is expected that the health worker knows the health network and knows how to collaborate so that the SUS can work properly and improve itself according to the needs of the population[2].

One of the fields of action of health professionals within the SUS is Primary Health Care (PHC),

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which is characterized by a set of individual, family, and collective health actions that will involve promotion, prevention, protection, diagnosis, treatment, rehabilitation, reduction of damages, palliative care and health surveillance, developed through integrated care practices and qualified management, carried out with a multidisciplinary team and aimed at the population in a defined territory, for which the teams assume health responsibility[3].

The latest version of the National Primary Care Policy (*Política Nacional de Atenção Básica - PNAB*), approved in 2017, revised the guidelines for the organization of PHC within the SUS and maintained in Family Health its priority strategy for the expansion and consolidation of PHC.

Laid down within the actions of PNAB, the work of the multidisciplinary team reinforces the presence of different professional formations, working with shared actions, as well as with the interdisciplinary process centered on the user, incorporating surveillance, promotion and health care practices. The different professionals must, therefore, establish and share knowledge, practices and care management[3].

Interprofessional Health Education (IPE) has gained significant visibility and appreciation worldwide as it is guided by theoretical-conceptual and methodological frameworks consistent with the challenge of training health professionals to be more capable of collaboration and effective teamwork[4]. There is a growing interest in IPE due to the limitations of uniprofessional training models in the process of changes in the health-care model and, consequently, in meeting the complex health needs of individuals, families, and communities[5].

This theme follows the changes in higher education in health and has undergone significant changes over the years. The exhaustion of the uniprofessionality perspective became more evident, in the case of Brazil, with the debates on integrality in health associated with the care reform and strengthening of the SUS, which strongly mobilized training and work in health[6].

It is possible to consider that professional formation in health in Brazil is going through moments of transformation and adaptation. Historically, health system reforms have been oriented towards strengthening health and care systems, as well as training professionals.

SUS and the Family Health Strategy (FHS) show the importance of an integral approach that articulates health promotion and recovery actions. In order to achieve these goals, an integrated and collaborative action with a wide range of health professionals is essential[7].

In Brazil, IPE represents a challenge for the qualification of the health workforce. There is still a need for initiatives and resources to boost IPE, with the participation of professors and health professionals linked to the services in which students are inserted, that is, in places of practical learning[7,8].

The growing complexity of the health needs of users (population), changes in the demographic and morbidity and mortality profiles with aging and the increase in chronic diseases point to a new professional profile, characterized by interprofessional collaboration[9].

Physiotherapy in Brazil: a brief history

Physiotherapy was established in Brazil as a higher education profession in 1969 through the publication of Decree-Law nº 938/69. Prior to this period, the occupation of the physical therapist was recognized as technical level. The publication of the decree was a major milestone for the profession, as it brought greater recognition and autonomy to the physical therapist. From there, there was also the regulation of the profession, and with it, the execution of physical therapy methods and techniques with the purpose of restoring, developing and conserving the physical capacity of the patient was established as a private activity of the physical therapist[4]. However, even though it was considered an advance, the decree still restricted the professional's performance to the restoration, development and conservation of physical capacity, that is, the professional should act exclusively on the subject's physical capacity, with no responsibilities in the actions to be taken for the development of quality of life and health in a full way.

Small advances were made, however, marked by significant limitations; physiotherapy was always focused on patient care, that is, individuals already affected by some type of disorder, thus restricting the professional's performance at levels other than rehabilitation[10].

Finally, in 1980, graduation in Physiotherapy, through the redefinition of its object of work, began to incorporate health promotion and disease prevention in the population as an area of activity. Since then, Physiotherapy courses have incorporated, more or less, health promotion and disease prevention in their curricular structures[11].

Concerning professional practice, the guidelines of the Federal Council of Physiotherapy and Occupational Therapy (COFFITO) define physiotherapeutic care, covering the development of primary preventive actions (focused on health promotion and specific protection), secondary ones (aimed at early diagnosis), and tertiary ones (rehabilitation-oriented)[12].

In this change over the years, it is also observed a broader movement of transformation of undergraduate teaching in the health area, focusing on the new National Curriculum Guidelines (*Diretrizes Curriculares Nacionais - DCN*). Reformulated and in force since 2002, the DCN guide the teaching-learning process towards the development of skills, abilities, and contents to qualify professionals to act according to the principles and guidelines of the SUS and the Brazilian Health Reform[13].

Within the DCN, the way to train students in physical therapy guided academic education so that competent, attentive and reality-changing professionals are trained. In this way, humanistic, critical, and reflective, generalist thinking and acting were primarily sought, with the constant combination of theory and practice at all levels of healthcare[13].

Despite the work of the physical therapist still focuses on the recovery of individuals' health, it is already possible to observe the participation of these professionals in primary care and collective health activities.

On October 28, 2021, Law 14,231 was enacted, which includes physiotherapy and occupational therapy professionals in the FHS, within the scope of SUS. The law emphasizes that it will be up to the manager of each sphere of government to define the form of insertion and participation of these professionals based on the health needs of the population under their responsibility[14].

Therefore, after discussing the importance of Interprofessional Education, the favorable scenario of Primary Care and the transformations within the physiotherapy profession (substantially expressive changes are noted if the relatively short time between the institution of the profession and the present day is taken into account), it is proposed in this article to report the experience arising from teaching activities carried out in the academic internship of students from the 7th and 8th terms of the Physiotherapy course at the University of Ribeirão Preto (UNAERP). Such activities are the result of the implementation of an internship that focuses on the work of the physiotherapy professional in PHC.

Identifying the Problem

The health system of the municipality of Ribeirão Preto is organized into Health Districts. In the Southern District is the Family Health Unit (USF) Dr. Vinício Plastino, located in the Jardim Marchesi neighborhood. This unit has three Family Health Teams. The University of Ribeirão Preto (UNAERP), in partnership with the Municipal Health Department of Ribeirão Preto, has been providing assistance to the population enrolled in the aforementioned unit since 2017, also using the unit as a training field for health course students.

Within this partnership and in this field of professional training, the Curricular Internship of Physiotherapy in Public Health was included, approved in 2017, starting in 2018. The internship is structured in the Pedagogical Project of the Undergraduate Physiotherapy Course (PPC) of UNAERP. It is noteworthy that this report comes from the first contact with the health unit as a teaching scenario. Likewise, it also describes the first contact of the students of the physiotherapy course at UNAERP with the USF.

The general objective of the internship program is that the undergraduate physiotherapy student can experience the reality of the Municipal Health System, bringing the student closer to the Health Teams, encouraging them to develop the capacity and ability to act in different situations and levels of care, carrying out visits, evaluating cases and developing treatment hypotheses with the health team, as well as carrying out both collective and individual health promotion activities[15]. It is also expected that the student will be able to apply the knowledge of global assessment in contact with the community and with the health teams, allowing the student to know the local reality, the presence of different existing social and health facilities.

The methodological procedures contemplated and detailed in the Program and the Teaching Plan provide for: meetings with the unit health team; home visits; discussion of cases of visited families; health promotion and disease prevention actions with the team and the community; postural guidelines; surveillance of kinesio-functional disorders; development of healthy environments; and incentives for healthy lifestyles[15].

The Family Health Unit Dr. Vinício Plastino is a broad field of graduation in health, and allows the coexistence between students of three health courses, namely: physiotherapy, pharmacy and medicine.

It is known that Interprofessional Education can be defined as occasions in which two or more professionals learn from each other, about each other, and from each other, aiming at improving collaboration and the quality of care and services[16]. In this sense, IPE, understood as an approach that stimulates the shared and interactive process of learning with a view to improving collaboration and the quality of health care, is configured as a strategy to stimulate the formation of a new professionalism consistent with the needs of strengthening recommended by the SUS[17].

It is necessary to contextualize the teaching methodology/strategy adopted by the institution from the initial terms of the student's training in the physiotherapy course until the arrival in the practical internships, which occur in more advanced stages, to support and justify this report.

Analyzing the Macro dimensions (based on the National Curriculum Guidelines, which were reformulated in 2002, and directed the teaching-learning process towards the development of competences, abilities and specific contents in order to enable professionals to act according to the principles and guidelines of SUS) and Meso (through the Curricular adequacy proposed by the training institution and the partnership of the Municipal Health Department of Ribeirão Preto), it is understood that the student first develops competences common to students in the health area and, later, competences specific to the throughout the specific graduation.

Dealing with common competences, these students deal with several subjects that in the institution are called Common Core (some institutions call them Basic Axis or Common Axis), and are presented in classrooms with students from different health courses. One of these subjects, named Collective Health, for example, is taught by a professor with a background in nursing. This discipline is common to students of psychology, dentistry, physiotherapy, nutrition, pharmacy, nursing and physical education. Activities in mixed groups are proposed; in this way, students from different professional categories can share their knowledge without worrying about breaking the limits of each profession.

The specific competences of undergraduates in physiotherapy are worked on in the Physiotherapy in Public Health discipline in a more advanced stage of the course. At this point, specific knowledge, skills and attitudes of the profession are added, which, added to common knowledge, will be complementary to their professional training and practice. Finally, the undergraduate student will reach the Curricular Internship in Public Health, with all the specifications described above, with shared objectives within a specific health unit designated for this context.

DESCRIBING EXPERIENCE

Following the strategy of training and building knowledge, the student, after the basic methodological course, begins the internship within a USF with an expected workload of 80 hours.

The reported experience took place from February 2018 to December 2019 at the Dr. Vinício Plastino, in Ribeirão Preto. Ninety-six trainees had the experience (48 per year), duly enrolled in the aforementioned course. Aiming to provide greater support and better quality of teaching, students were subdivided into 4 groups of 12 students each. There was a rotation among the students every 48 working days.

The USF scenario in the municipality, according to the registration of individuals in the e-SUS-PHC in 2018 and published in the Health and Management Bulletin in 2019, had 6107 registered people. Within this scenario, it was possible to analyze the presence of chronic conditions and risk factors that could interfere with the population's living conditions, which justifies the role of physiotherapy in health promotion and disease prevention, in addition to actions associated with rehabilitation.

The verification of the conditions mentioned above was carried out through the partnership established between a group of UNAERP professors and the unit teams. In meetings, we sought to understand who the population served by the unit was, what their demands were, what actions had already been carried out by the team, among other information.

Aligning the actions of the family health team with the scenario of the enrolled population and the teaching activities, specific activities were defined for the interns from periodic meetings between the team of the health unit and the faculty responsible for the discipline, which will be reported as results of this teaching activity.

RESULTS AND EXPERIENCE DISCUSSION

In view of the magnitude of the activities carried out and their specialties, we understand that it is relevant to create a space for the discussion of each one of them. For these reasons, we have segmented this section of the text into the following items: territorialization activity; waiting room activity; home visiting activity; group activities and health promotion; and intersectoral activities.

Territorialization activity

According to the schedule of the discipline, the situational diagnosis activity was started right after the presentation of the teams and the unit's infrastructure. In this activity, students should know the territory and understand which health indicators refer to the assisted population.

The territorialization activity is understood as a strategy that will allow the student to know the areas covered by a unit. Through it, it will be possible to understand the living and health conditions of the population, understand that the entire structure and the care model itself depend not only on how services are allocated, but on how their actions are territorially organized, especially prevention and promotion[18].

The students were divided into small groups of six people and together with the Community Health Agents (*Agentes Comunitários de Saúde - ACS*), they traveled through delimited areas (macro and micro-regions), observing and analyzing the types of constructions, public roads, the presence of garbage and animals, the safety of the places, the presence of public lighting, the presence of schools and churches, sewage treatment, among other characteristics, which are understood as social determinants of health.

This activity was carried out in a single day (for each group) for about 4 hours. The presence of the ACS was fundamental, mainly because they are seen as facilitators, since they have closer contact with the population served by the unit. Moreover, the agents clarified the possible doubts of the students.

At the end of the activity, students should produce a report with perceptions, discussions and conclusions based on the literature. The activity ended with a conversation circle with the professor in charge.

It is noteworthy that while a group of interns carried out the territorialization process, another followed the care provided by the unit's health professionals, and another performed actions in the waiting room.

Waiting room activities

Also, as part of the situational diagnosis activity, some users of the unit were appro-

ached by the students at random times and days, always on Mondays in the morning. It is important to highlight that the number of people in the waiting room was quite small, thus justifying the number of users approached (20 in total).

During the waiting period for consultations, service users were asked about their knowledge of the physiotherapist's work, as well as whether they needed any intervention from this professional.

Of the 20 respondents, 55% did not know what the physical therapist did, and 75% reported believing that they did not need the intervention of a physical therapist. In the same report, they were asked to answer whether they had any symptoms, such as: muscle or joint pain, change in blood pressure, postural change, change in sensitivity in legs and feet, osteoarthritis and muscle weakness. The result can be seen in Table 1.

Table 1

Distribution of symptoms perceived by users, who were unaware of Physiotherapy work, in the waiting room of a Basic Health Unit, in 2019

Symptom	Total	%
Muscle or joint pain	12	60
Blood pressure change	10	50
Postural change	5	25
Change in sensation in legs and feet	2	10
Osteoarthritis	6	30
Muscle weakness	2	10

Source: The authors

Even reporting the lack of knowledge of the activities performed by the physical therapist and claiming to believe that they did not need the intervention of this professional, users indicated having symptoms and/or chronic conditions that would justify disease prevention and health promotion actions, as well as physical therapy guidelines.

Home visiting activity

It is worth noting that population aging and the increase in non-communicable chronic diseases (NCDs) have been modifying the social and epidemiological profile of the population, requiring an approach from services that guarantee the longitudinality of care[19]. NCDs are characterized by multiple etiology, and many risk factors, and also because they are associated with disabilities and functional incapacities.

The World Health Organization (WHO) includes diseases of the circulatory system (cerebrovascular, cardiovascular), neoplasms, chronic respiratory diseases and diabetes mellitus as NCDs. These diseases have a set of risk factors in common, resulting in the possibility of having a common approach to their prevention. Other chronic conditions significantly contribute to the increase in the burden of diseases such as mental and neurological, bone and joint disorders, and autoimmune diseases, among others[19]. In this context, the home visit proves to be an important tool for accessing this public, thus favoring surveillance and health promotion actions, prevention of NCDs and their risk factors and, consequently, reduction of morbidity, disability and mortality.

The interns carried out periodic home visits to accompany the bedridden users or those with mobility difficulties. The visits took place once a week and were structured in small groups (4 students per group). It is known that the home visit is based on the integrality of health promotion, recovery and rehabilitation actions; the visit also makes it possible to identify the physical and dynamic structure of families, possible social determinants, learn about their habits and beliefs, favoring the creation and solidification of bonds[20].

The practice of home visits aimed at contacting the user's home, without necessarily linking them to the service, based on premises such as guidelines and identification of local problems[21]. The visits were requested by the doctors responsible for the health unit and scheduled by the nursing team. Students usually accompanied the ACS in this process. In exceptional cases, they accompanied other team members and some were also carried out with medical students.

During the visits, it was possible to carry out physiotherapeutic assessments with the functional diagnosis of possible changes and difficulties of patients and caregivers regarding the performance of daily activities, as well as the survey of complaints and guidelines. The students also carried out an analysis of the environment (housing conditions), accessibility and safety (height of the bed, presence of rugs), as well as guidelines and care such as the conservation of medicines, updating records in the units, checking the vaccination card and clarification of doubts, which are skills common to students of other courses (in our case, medicine and pharmacy). It was not foreseen that the visits would generate periodic clinical visits, since the proposal was to carry out the guidelines and return to the team, requesting, if necessary, referral to specialized services.

From the practice of home visits, the students could understand that it is an instrument used by the members of the Family Health team to provide assistance and, also, that it enables knowledge about the territory through the identification of social equipment, approaching these professionals in the reality of families, thus favoring the planning of interventions.

Finally, knowledge was shared between physiotherapy students, students from other health courses, and with team members based on the discussions that took place after the end of the activities. All participants had spaces to expose their perceptions, to think about common and specific competences in the areas of activity, as well as to clarify their doubts. It became clear to the students what was specific to each field of work (extrapolating common sense) and what was common to all of them (health professionals as a whole).

Group activities and health promotion

In addition to contacting the resident's home, the physical therapist can participate in group activities. The groups were based on a health promotion approach and aimed at a group of pregnant and postpartum women and a walking group. Both groups were proposed and created by the health team prior to the access of professors and students to the unit.

Groups are entities that can promote socialization, in addition to facilitating guidance actions on various subjects related to health, health education and encouraging the practice of physical activities and healthy living habits. Groups can also strengthen the bond with the participants and enhance community bonds, in addition to providing a space for listening and sharing experiences and doubts.

One of the focuses of group activities is health promotion. The Ottawa Charter, widespread in our country, defines health promotion as the process of empowering the community to act to improve their quality of life and health, including greater participation in the control of this process[22].

There are several concepts available for health promotion. Some authors define it as activities aimed at transforming the behavior of individuals, focusing on their lifestyles and locating them within families, and in the environment of community cultures. In this case, disease prevention programs or activities tend to focus on educational components related to behavioral risks that can be changed, such as smoking, diet and physical activities[22].

In the group of Pregnant Women and Puerperal Women, which met once a month, always on Monday in the morning, the following was performed: stretching and balance exercises; guidelines for correct posture and position during breastfeeding; guidelines for getting down and getting up; and guidelines on the correct position for sleeping and for carrying out housework. At the same time, the nursing team provided clarification regarding prenatal consultations and specific care, restricted to that profession. The students, on the other hand, controlled the pregnant women's blood pressure and supported the other professionals.

About 20 people took part in this activity, involving pregnant and postpartum women, their companions, physiotherapy interns, team nurses, community agents and the responsible teacher. The meeting lasted approximately 1 hour and 30 minutes. In some meetings, breakfast was prepared by the nursing staff and students.

Another activity worth mentioning is the walking group, created by the health team in early 2019. Daily and always in the early morning, the group members met in front of the unit (this group was under the responsibility of the ACS). Exclusively on Mondays in the morning, physical therapy students proposed stretching exercises and blood pressure monitoring before the walk (on other days, activities were performed only by the ACSs). After 6 months, during which the students participated in the activity, the group was closed due to a lack of adherence.

The group activities allowed, in addition to interacting with users, the possibility of experiencing the reality of the community and all its limitations and difficulties because, despite the number of pregnant women registered in the unit, few adhered to the group's proposal.

Similar to the completion of the territorialization activity, students should produce a report with perceptions, discussions, and conclusions. The activity was also concluded with a conversation circle with the professor in charge and the health team.

Intersectoral Activities

During the internship, activities were also carried out with school-age children and adolescents based on the School Health Program (*Programa Saúde na Escola - PSE*). It is known that the PSE aims to contribute to the comprehensive training of students, based on health promotion and disease prevention actions, with a view to address the vulnerabilities that compromise the full development of children and young people in the public school network[23].

Postural variations are commonly found in the period of growth and development, and result from various adjustments, adaptations, and bodily and psychosocial changes that mark this phase. There is a significant increase in the incidence of postural problems in children, the most common causes being poor posture during classes, incorrect use of school bags, and the use of inappropriate shoes, a sedentary lifestyle and obesity[24].

Based on this information, guidance activities were carried out for students in the 2nd and 3rd years of elementary school at the Jesus Guilherme Giacomini State School, and children and adolescents from the Jardim Marchesi Assistance Center. The activities were previously scheduled and the focus of the action was the guidelines regarding postures, the correct use of electronic devices, as well as the transmission of health education information. Two meetings were held: in the first one, an informative lecture was held with the theme "postural changes"; in the second moment, in addition to the guidelines, practical demonstrations were carried out - by the university students - of correct positioning, handling the phone, using backpacks (focusing on being careful with the correct weight and size, among other characteristics).

Physiotherapy can help children in the early identification of postural changes as well as helping to prevent future spinal deviations and orthopedic changes. The experience with the children and the exchange of information and knowledge were also rich activities for the interns since they allowed the association between theory and practice, however, having a look at the reality of that population, and making, in many cases, adjustments and feasible suggestions.

Finally, the importance of such activities taking place in spaces involving other sectors, and not just the health sector, is also highlighted, expanding the students' experience in the intersectoral articulation between the School and PHC, in the direction of strengthening integrated actions and more sustainable. Together, students, physiotherapy interns and health and education professionals were able to exchange countless and valuable experiences.

CONCLUSION

Thinking about horizontal and comprehensive care is a challenge for the entire health system. Reflecting on an action that is not restricted to rehabilitation, but that also deals with health promotion is still a challenge for Physiotherapy.

The experience in the territory allowed expanding the students' experience in the FHS, enabling observation and reflection on teamwork in this context; it also made it possible to sensitize academics to the health needs of the population

and to dialogue about these needs through health education. This statement is based on the students' report during the course completion activity (chat with the whole class), as well as on the teachers' perception, who clearly perceived the interns' engagement and reflective posture.

Through the experience, physiotherapy students, along with the team and with students from other courses in the health area were able to resize the importance and complexity of interprofessional work in PHC and, at the same time, develop essential skills for this specific practice in each area. The interprofessional approach, although incipient, stimulated and enriched the exchange of knowledge among all participants, contributing to comprehensive care.

Although we understand that this practice (community internship) is common and widespread in other educational institutions, the experience reported was carried out for the first time within the selected unit. Likewise, it was the first experience of physiotherapy students at UNAERP within this practical context. For these reasons, we believe that this report can serve as a model or even as a source of inspiration for institutions that still do not have this practice introjected into their pedagogical plan.

We can highlight here some limitations within the experience, such as the sensitization of the teams that were, initially, unreceptive and, in a way, aversive to our arrival (we only gradually gained their trust), and of the users since most of them showed little responsive and adherent to the proposed activities and many were practically unaware of the role of physical therapy in Primary Care.

Finally, we conclude that the challenge of legitimizing interprofessionality in the daily life of rehabilitation teams and in educational practice through supervised internships, in the case of this experience, depended more on individual interest and involvement, despite the importance of institutional support or mobilization involving other team members.

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