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# Extended Clinic In The Family Health Strategy By Medical Students

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***ABSTRACT***

***Background and Objectives:*** *Family Health Strategy operationalizes the Primary health care in Brazil and is characterized by the multidisciplinary team, with the Extended Clinic as a form of attention. Based on this, this article aims to describe concepts learned by medical students on Extended Clinic during curricular internship.*

***Methods:*** *Qualitative research among 20 medical students reports, at a public university of northeast of Brazil in 2013. It was used the thematic content analysis for data analysis.*

***Results and discussion:*** *We identified concepts of accountability and commitment with patients, such as intersectionality, recognition of the knowledge limit, health care, biopsychosocial vision and participatory management. The subject "patient autonomy" remains missing for medical students. Advances in the students' knowledge related to Family Health Care are noticed when we identify in the records the importance of Extended Clinic and working in multidisciplinary team in the moments of practice, as a result of curricular changes in medical education. However, it is recognized that changes in behavior and the hospital-centered educational paradigm are not easy.*

***Conclusions:*** *The results of this study show the incorporation of some principles of Extended Clinic by the students involved in this research. However, there is still need for curricular investment in the Social and Human Sciences for medical students.*

***Keywords: Extended Clinic; Family Health Strategy; Medical Students.***

## INTRODUCTION

The health system in Brazil is characterized by universality, integrality, decentralization and community participation. This is operationalized in Primary Health Care (PHC) by the Family Health Strategy (FHS), which is characterized by work in multidisciplinary team and is responsible for integration activities, continuity and especially health promotion [1].

The traditional medical practice tends to be responsible only for the illness and not the ill patient, which means difficulties for transforming this kind of clinic in the FHS, especially when it comes to prevention and health promotion, which is usually practiced in fragmented and insufficient form[2].

The clinic goes back a connection between the professional and the patient. Connection is required to take care. When not performing this kind of attention, there is detachment and development of practices reduced to technique[3]. Attention expanded to the patient is in the propositions of the ESF. Professionals should develop with users the autonomy, deepening the care responsibility. When watching widely, both individually and collectively, other aspects of the patient -not just the biological- are worked by health professionals [4].

Thus, professionals must work with commitment to users, regarding their autonomy and accountability of care, offering assistance with respect to promotion, prevention, cure and rehabilitation. Intersectoral action, biopsychosocial, participatory management and recognition of technical and personal limits are strategies to achieve acting in this broad view. This enables an understanding of other aspects of the patient, in addition to the biological[4-6].

It appears then that the Extended Clinic is characterized by the ability to deal with the uniqueness of each patient person, considering peculiarities of the diseases and the possibility of diagnosis and intervention. Each person is singular and, in the clinical relationship, are present two persons, the doctor and the patient, involved by the universal and particular strengths, as well as the health institution strength[2-6].

The health professional patient is a person inserted in a health institution and provided with specific knowledge,


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pressured by universal and particular strengths and aspects of your life. The patient that demands care is also co-produced and when looks for medical attention is usually because your balance is tensioned[2].

Brazil starts on the training of health professionals, in view of the Extended Clinic, which must directs to a critically-reflexively acting, on multidisciplinary team and building links between users and enabling the development of therapeutic projects for each case[5].

The clinical practice focused in all aspects of each person opens understanding of the possibilities for Reformulated and Extended Clinic, which includes knowledge not linked to biomedicine, but without giving up the biomedical intervention resources. These are more a power to act together with the different aspects of the life history of each person[2-4].

The Extended Clinic has two main lines: accountability and commitment to user. Related to the first are intersectionality, recognition of the knowledge limit, the health care, biopsychosocial vision and participatory management. In the second are the autonomy and uniqueness of the life story of the subjetcs[2].

In proposing the autonomy of users, the main objective are actions that aim to make them able to understand their health needs, understanding their injuries, becoming co-responsible in the health production process[2,5,6]. The principle of autonomy is related to the emancipation of the individual towards self-determination, refusing submission. Bioethics principle promotes socializing with each other, based on values that respect the otherness and free will[7,8].

The appreciation of the "subject" and its uniqueness radically changes the field of knowledge and practice of public health and clinical, valuing ethics and citizenship. This resurrects the teaching of ethics and its debate[9]. Brazil, in an attempt to overcome the paradox of the primacy of health focused on disease, has been changing medical education, which is reflected gradually in medical practice, strengthening the PHC. Thus, the objective is to describe concepts learned by medical students on Extended Clinic during rural stage (curricular internship).

## METHODS

Qualitative research, document performed with medical students that were studying the last year, at a public university in northeastern Brazil. We studied 20 academic reports, 13 females and 7 males, aged between 24 and 28 years old, during internship in Primary Health Care the FHS for two months in 2013 in five cities in the state of Alagoas. For data analysis, we used the thematic content analysis[10,11].

The concepts of Extended Clinic in the documents have been identified, organized in spreadsheet, per student, based on the model proposed by Cunha[2], resulting in the categories: intersectionality, recognition of the knowledge limit, health care, biopsychosocial view, participatory management, autonomy and singularity of the subject . We used fictitious names to ensure the confidentiality of the survey. The study was approved by the Ethics Committee in Research of Centro Universitário de Maceió (CESMAC), under protocol number 1439/12.

## RESULTS AND DISCUSSION

The reports brought the value of learning and opportunities experienced on the internship for personal and professional growth, highlighting the situations that were previously little explored in the course. The practice provided a broad vision of medicine and health injuries, visualizing differences between the demands of capital, site of their college, and the cities from the countryside and the rural area.

"The internship was important to consolidate the learning during medical graduation, it was also possible to identify various aspects of Extended Clinic at times when we were attending patients in the unit of primary care" (Maria).

It is displayed below the description of the obtained categories, exemplifying with the writings of the students.

### Intersectoriality

Intersectoriality, one of the principles of Extended Clinic, shows the necessity of doctor to know and understand spaces where he is acting and other professionals whom he is working with. It requires consistently acting according to local needs and it is a way to offer better service to users, which makes this unique space, producing something new[2].

There are still operational difficulties of the FHS in Brazil, because behavioral changes are not easy to happen, due to the old paradigm of teaching with models based on the illness and hospitalization. However, it was identified in the reports of the internship, records about the importance of working in multidisciplinary team:

"During the internship and the time we were together and working as a team in PHC, I could see how important is the multidisciplinary work, both for the patient and for the team itself" (Bernadette).

### Recognition of the knowledge limit

The doctor should be able to recognize the limits of his knowledge and technologies used in medicine. This allows


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looking for other information, which are in areas outside their fields and area of expertise. It implies learning abilities to deal with internal and external strengths of himself[6].

It was found that students recognized their limits on individual knowledge, which reported that during the internship they had opportunities to expand the knowledge acquired in previous years. Recognized that there are limits regarding the medical knowledge about the diseases and therapeutic procedures; they realized that it was necessary to refer the patient to another service to help his treatment. Moreover, when starting to integrate with other professionals, they were able to offer an expanded service to the patient, as noted in Paul's writings:

"I had the opportunity to learn about the reference system and counter-reference in the health services of the city where I was. That was when I saw that the multidisciplinary work is fundamental, because only this can involve all people and join knowledge covering all the nuances of the health-disease process"(Paul).

**Health care**

As expected, the students held on the record the responsibility of taking care of the users in different stages of attention. The promotion, prevention, rehabilitation and healing were recalled both individually and collectively. The epidemiology appeared next to socioeconomic factors and in the active search of cases of infectious diseases, still common in Brazil:

"We did active search to attend the contacts of tuberculosis patients, we conducted home visits that show the reality of the population where we were and lectures on healthy lifestyle habits" (Joana). **Biopsychosocial view**

The health and disease process includes biological, subjective and sociocultural dimensions. The biopsychosocial well-being depends on the inclusion of the subject in social space and support networks in which it can count on the necessary time[6]. Demonstrating knowledge of the Extended Clinic, the students realized that care is influenced by the articulation of psychological, biological and social dimensions:

"It was possible to learn that a treatment can be not only drug. When analyzing the quality of life of patients, their psychological disorders, excessive labor activities, poor income, it is observed that these factors interfere with their health and also can cause diseases" (Cristina).

**Participatory management**

Among the nuances of Extended Clinic is the clinic management Campos[6] points out that the work management model affects the results of the actions and the involvement of the teams. Recommends balance between autonomy and control, objectivity and subjectivity, benefit and harm, both in clinical and management relationship.

In the exercise of participatory management should be included civil society, users and their families, as well as workers and managers of health services and this requires collective spaces where everybody should analyze information and take decisions[12]. It is found that the medical student does not motivate itself to the topic of management, which is reflected in the sparse published literature. However, it was found in the field of daily reports and records that this profile may be changing:

"During the internship, it was very good that we could participate in the Municipal Health Conference and the meetings of the Municipal Council Health of the city" (Geraldo).

"We had a lack of insulin in the stock, so I suggested to my Preceptor that it was good to take the problem of the unavailability of regular insulin to the meeting of the Health Council" (Benedict).

It was found that students observed management actions in the decision-making scope and organization of services. They recognized the importance of discussing and learning about the subject since at some point in their career, they may exercise a management role[13].

**Singularity**

The commitment to the user brings up respect to his singularities and the perception of being a unique and singular subject. It brings the notion that the observation of the nosological situation should be performed in a broad way for the disease to be better understood and correlated with life. This requires the recognition of natural differences of the sick individual, producing a specific treatment plan for each patient[8].

Students found that some patients require special care which is embraced by the proposition of a Singular Therapeutic Project recommended by the Extended Clinic. As shown below:


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"In the case of tuberculosis, the contacts patients also undergo a proper investigation and cases of treatment dropout are investigated too" (Otavio).

The observation of the subject's uniqueness and the need to establish links with it, changes the doctor's appointment, seeing that it should not be restricted to prescription or exams request, but rely on a dialogue, where people and their suffering are the main point of the therapeutic. Research and intervention in which both, professional and patient, can improve clinical and autonomy[13].

**Autonomy**

Campos[2] highlights the question of power and the necessity of been dismembered in the context of Extended Clinic. Cunha[6] explains that knowledge appears with use value, as well as instrumental subjects. Then there would be an identification of the subject with the theoretical model and the values. So when discussing how to get the best results, or how to solve problems is dealing with lot of energy and emotions related to the subjects involved. Another aspect is the power in the clinic[14-16].

The medical training model has been focused for a long time hierarchically on your person [17], fitting to him the decisions that should be made by the staff and patients[2]. The Extended Clinic considers the importance of commitment to the user and his ability to take care of his own life[15]. In this model, respect with the patient must be present overlapping to isolated technical decisions, these ones inherited practices of the traditional curriculum, where the professional is the protagonist.

Articles with medical egressed students show little expression on this aspect in the reports of the students, which demonstrates the power. It has to pay attention to the necessity of changes in this process concerning about how to deal with the power between professionals and users [16].

Autonomy, a principle of Extended Clinic, promotes to the sick person the power of decision in conducting the treatment after appropriation of different paths that can be followed. It was not identified any records of students that showed this principle, perhaps because their understanding is still that care is the responsibility only of the team, especially of the doctors. This shows that the understanding of Extended Clinic, where there is no single technical decisions is still incipient, perhaps by inheritance of the traditional curriculum.

**CONCLUSION**

The results show identification of the incorporation of some principles of Extended Clinic by the students involved in this research. However, there is still need for curricular investment in the social and human sciences once it appears that autonomy was not recalled at any time as user rights.

The effectiveness of the Extended Clinic in health centers in Brazil still requires changes in medical training, with investments in the construction of ethical and compassionate individuals. Permanent education in college and could help in integrating service learning practicing and highlight the autonomy of individuals and communities as one purpose of health work.

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