Integrating Service-Learning-Community Through Pró-Saúde/Unifor: Options for the Implementation of Pharmaceutical Care

Integração Ensino-Serviço-Comunidade Mediada pelo Pró-Saúde-Unifor: possibilidades de Implantação de um Serviço em Atenção Farmacêutica

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INTRODUCTION

Studies indicate that the disease-centred care model has not been capable of responding to public health demands, leading to the need to implement new strategies to retrieve the health promotion-centred paradigm. Several actions designated by the Ministry of Health in partnership with the Ministry of Education, represented by higher education institutions and social control movements in health care have stimulated debate and the construction of a guiding policy for training practices of health professionals and the qualification of human resources inserted and adapted to the mechanisms of the health service that preceded the Unified Health System (SUS)¹. To enhance the quality of health care it is essential to guide the education of health professionals at undergraduate level for service-learning-social control integration, a process that involves the inclusion of teachers, researchers, managers, students, professionals and various entities².

The changes required for the organization of health care practices are clearly outlined in the National Curriculum Guidelines for Undergraduate Courses in Health Care³-¹³, the Aprender SUS program, the Course in Engaging Changes in Health Work Training (FIOCRUZ, MS), in the Guidelines recommended by the Public-Private Sector Commission of Human Resources of the National Health Council (CIRH/CNS), the National Forum for Education of Health Care Professionals (FNEPAS)¹⁴, professional boards, the Brazilian Association of Medi-

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cal Education (ABEM), the Brazilian Association of Pharmaceutical Education (ABENFAR)\textsuperscript{15} as well as specific professional associations. So there is evidently concern regarding the establishment of a connection between higher education and health, with an aim to qualify professionals in accordance with SUS principles and guidelines, and the required development of the service-learning process at health care practice sites.

Parallel to these transformations, the University of Fortaleza (UNIFOR) has been adopting teaching and learning methodologies that distinguish it from traditional curricular organization, following a model whereby the student is able to build knowledge through theoretical and practical interconnection and interdisciplinary study. The learning-service-community arrangement, a strategy to achieve theoretical and practical integration, is therefore implemented by placing students at an early stage in real and diverse learning situations. This activity, guided by the Pedagogical Political Project (PPP), should occur from the start to the end of the course, at all SUS levels, in order to provide understanding of the reality and significant learning. The aim is for students to understand the health system in all its complexity, underlining the role played by basic health care in this process\textsuperscript{8}.

To construct these changes, the pedagogical political projects of the UNIFOR Health Science Courses were created in partnership with institutions and organizations from beyond the academic realm. Thus, UNIFOR established a partnership with the Fortaleza Municipal Health Secretary (SMS) in order to implement a learning-service practice and strengthen the construction of the Municipal Health-School System (SMSE), representing the priority orientation for service management and organization. The SMSE has the objective of creating permanent education strategies in association with learning institutions, non-governmental organizations and popular movements, transforming the whole health service network in the municipality into contextualized spaces for education and professional development\textsuperscript{16,17}.

The Ministry of Health established the National Program for Professional Training and Reorientation in Health (Pró-Saúde) through the Secretary of Health Education and Work Management (SGTES), and in partnership with the Secretary of Higher Education (SESU) and the Anísio Teixeira National Institute of Educational Research and Studies (INEP), of the Ministry of Education (MEC), and with the support of the Pan-American Health Organization (PAHO). Pró-Saúde has the main objective of fulfilling the inductive role in shaping health education in Brazil, initially involving the courses in medicine, nursing and dentistry. This represents a new stage in professional training in health care, conveyed through the general aim of encouraging transformations in the process of knowledge generation and service provision to the public, for a comprehensive approach to the health-disease process.

The program highlights the importance of integrating school with health services, with special focus on the practice sites. In response to call notice 13/2007 (SEGETES), National Program for Professional Training and Reorientation in Health – Pró-Saúde II, and in conjunction with the Fortaleza Municipal Health Secretary (SMS), UNIFOR presented a project to the Ministry of Education with the purpose of strengthening UNIFOR-SMS-Fortaleza relations, in order to strengthen the SUS and leverage responses to the population’s real needs by means of human resource training, knowledge production and service provision.

In line with the Pró-Saúde precepts, the project has the aim of promoting reorientation of professional training in health care for undergraduate students of the UNIFOR Centre of Health Science, focusing on interdisciplinary care actions and health care in the Local Health-School Systems and coverage areas of the three Family Health Centres (CSF), thus integrating learning and service, raising awareness among health managers and professionals about the interdisciplinary activity and implementing extended health care teams.

The Pró-Saúde/UNIFOR Project centralized resources in the reform and improvement of three health care units of the Regional Executive Secretaries (SER) VI, with permanent material purchases and outlay sufficient to reinstall one unit a year. The Maria de Lourdes Jereissate CSF (CSF-MLJ) was the first to be restructured, involving a retrofit of the physical space with improved sterilization sector, consulting rooms, dental clinic, bathrooms, equipment purchasing, teaching material, as well as other enhancements aiming to offer better conditions for humanized and broader care, to host the UNIFOR undergraduate students and offer them quality educa-
tion. The inadequacy of the physical space, entrance, accessibility for the insertion of all the actors involved in real, practical scenarios were all weak points that were overcome with UNIFOR’s participation in policy implementation programs that encourage student work experience (PET and Pró-Saúde).

The Centre of Health Sciences (CCS) offers nine undergraduate courses: Nutritional Sciences, Physical Education, Nursing, Pharmacy, Physiotherapy, Speech Therapy, Medicine, Dentistry and Occupational Therapy. It has a staff of 436 lecturers, of which 377 (77.29%) have either master’s or doctorate qualifications.

The UNIFOR Pharmacy Course is formulated on a health care model perspective. It therefore outlines a social reality for the pharmaceutical professional’s role, no longer restricted to merely complying with legal requirements related to technical responsibility in all spheres of production, commercialization and dispensing of drugs, but with the effective performance as a health care professional reoriented to understanding the health-disease process through practices such as: health surveillance, pharmaceutical assistance and care, hospital pharmacy, compounding pharmacy, clinical analyses and phytotherapy. To fulfil these new roles, the UNIFOR Pharmacy Course provides a solid understanding based on various areas of knowledge: Pharmaceutical Sciences, Exact Sciences, Human and Social Sciences, Biological and Health Sciences.

**PRACTICE REPORT**

Placed in this context, UNIFOR, through the Pró-Saúde program and with the participation of the teachers and students of its health science courses have embraced community-centred learning as a learning-service-community integration strategy. This has been implemented through teaching-learning situations with cross-functional teams that work in the health unit itself, the CSF-MLJ, requiring teamwork effort, discussions and collective discovery.

The pharmacy course joined the project with the aim of implementing the pharmaceutical care service, involving outpatient and homecare activities, directed at SUS users cared for at the CSF-MLJ, of the Regional Executive Secretary (SER) IV. This CSF is located in the district of Jardim das Oliveiras, in Fortaleza, and has six family health teams formed by physicians, dentists, nurses, nursing assistants and health care agents who provide services to a population of roughly 35,000 inhabitants.

Following the organization and physical restructuring, purchase of equipment, furnishings, books, development of instruments and human resource training for the service and promotion, the activities at the CSF-MLJ began.

**Dispensing**

Structural changes in the pharmacy, involving the organization, storage and arrangement of drugs were planned and partially executed. The purchase of air conditioning units, organization of the chiller for exclusive storage of drugs, and the instalment of a Pharmaceutical Distribution Centre (CAF) were all measures that were immediately implemented. Without doubt, there is still a lot to do in this establishment to ensure it has the conditions to provide services that fulfil the premises of humanization, rational use of medications, optimization of resources, education in health and ongoing education of health professionals.

The supervised work experience group in pharmaceutical care has ten students from the pharmacy course and is engaged at the CSF-MLJ Tuesday and Friday mornings. The students were split into dispensing and pharmaceutical consulting activities. It is understood that it is upon dispensing that the pharmacist will select the patients who require pharmacotherapeutic care.

One weak point found by the interns was the absence of the pharmacist in one CSF which has a pharmacy that receives a high demand for drugs. There were cases observed where, during the dispensing, users questioned the pharmacy employee about the purpose and use of the medication, even reporting that they could not understand the writing on the prescription or could not read.

The dispensing should guarantee that the medication is delivered to the correct patient, at the prescribed dose and in adequate quantity, and that sufficient information is provided to ensure correct use. It should be underlined that the act of dispensing is often the user’s only contact with the pharmacist, and likewise, the last chance to speak with a health professional before beginning treatment of his or her disease or injury.
Another significant aspect of the dispensing process is the existence of pharmaceutical forms that require the user’s specific knowledge for their handling or administration, for instance, eye drops, inhalers, self-injection devices and others. When presented with a prescription for any of these forms, the pharmacist should provide detailed information and, above all, ensure that the user has understood how to use the medication correctly. The frequent absence of pharmacists in public health services allows room for the assignment or delegation of pharmaceutical duties to other health professionals or other workers, so as to meet demands for essential drugs. However, to ensure user safety and the distribution of the correct medications, these duties should always be performed or supervised by a pharmacist. It should be highlighted that the efficacy and safety of medications does not depend solely on high manufacture quality.

pharmaceutical care

In order to implement the pharmaceutical care service in a multiprofessional care environment, it was proposed that patients at the CSF-MLJ be offered guidance regarding the rational use of drugs. Initially, informative leaflets regarding conceptual aspects of pharmaceutical care and the role of the pharmacist were planned and distributed to health service workers, UNIFOR teachers, community health agents and users of the CSF-MLJ services. The aim of this activity was to raise awareness about the pharmacist’s work in the health promotion process, thus encouraging people to make use of such professionals.

Users were invited to partake in pharmaceutical care by interns of the subject. This process was carried out whenever there was any interaction with users, whether in the dispensing of drugs, during home visits or other occasions. Users were approached either while queuing for dispensing, when doctors’ leaving consulting rooms or in the waiting room.

Although the health service professionals had been instructed about the pharmaceutical service, some simply ignored the service, depriving the patient of safe advice about the use of medications. Despite the efforts to channel information to those who worked in the health service, and the ease of access to the facilities, seeing as the doctors’ consultancies and pharmacists were next to each other, the health service professionals were reluctant to facilitate the practice of pharmaceutical care. Contrary to this attitude, adhesion to, acceptance and recommendation of the service were willingly displayed by the teachers of other UNIFOR health science courses, such as medics, dental surgeon, nutritionist, occupational therapist, speech therapist, physical education instructor and nursing teacher; and also by some of the health community agents. This group of professionals, therefore, worked as a team, sharing responsibilities and enabling students to practice skills such as management, coordination, decision-making and leadership.

During the medical consulting, the intern together with the teacher performed an initial interview using an instrument which was then validated by the pharmaceutical care practice. This service involved the pharmacist learning about the user’s disease, lifestyle, treatment and beliefs, so as to then provide suitable pharmacotherapeutic instructions in order to gain maximum benefit from the drugs and better therapeutic results. However, the acquisition procedure and information provision process are distinct from the dispensing, since the consultation takes place in an adequate space, in a calm and unhurried atmosphere.

In the interview, the supervised student asked a series of semi-structured questions that enabled an assessment of the pharmaceutical treatment that the user was or would be undergoing, including matters of a holistic and non-centralized approach upon the act of administrating drugs. Still in this context, if deemed necessary, during the pharmaceutical consultation they would discuss relevant matters related to the use of medications, such as: best times to take the medication, with or without food, organization of pictograms, correct use and storage of drugs, self-medication, interactions with other products and herbal medicines, foot care, in the case of diabetics, how to apply insulin, use of inhalers and other aspects. In order to carry out the Pharmacotherapeutic Follow-Up (SFT), later interviews were scheduled; at this point the arduous task began of convincing the patient of the importance of returning for the next consultation.

Subsequently, there is the case study phase, with situational analysis and identification of any potential or real medication-related problems. Finally, a proposed intervention plan is outlined to resolve any problems found, which should be agreed as to its execution with the patient, the prescribing doctor, or carer, if necessary. This approach is based on the principle of promoting user autonomy, partaking in and agreeing to his own treatment.
health education actions in pharmaceutical care

Education in health care consists of a set of areas of expertise and practices directed at disease prevention and health promotion. It is, therefore, a means of support through which scientifically produced knowledge in the field of health, conveyed through health professionals, affects people’s everyday lives, since the understanding of conditioning factors in the health-disease process enables the adoption of innovative health care conduct and habits. In the area of pharmaceutical services, education in health is related to promoting the rational use of drugs for effective health care resolvability. Therefore, by adopting the traditional model of learning practices, the students produced folders, videos, gave lectures and performed individual orientation sessions. The target groups of such activities were pregnant women, elderly people, diabetics and hypertension patients, with focus on preventive and curative actions to encourage changes in the lifestyle of the people cared for at the CSF-MLJ. Therefore, the students made interventions in schools, the community hall, and in other projects, adopting a dialogical approach that reached beyond the physical space of the health care unit. In all these activities, the participation of students from other courses was liberated, thus encouraging interdisciplinary work.

technical support for the health team

Students and teacher offer guidance and provide technical and scientific information not only to the patients at the health unit, but also to other professionals, thus promoting a support service to the clinic through updates about medications.

FINAL CONSIDERATIONS

One could initially argue that the results are not very measurable due to need for greater awareness of the CSF-MLJ health care team, and also that there were obstacles as regards the continuity of the service, as the pharmaceutical care is a gradual process that requires several encounters with the users. One could also point to the conditions imposed upon by the lack of a pharmacist at the CSF-MLJ, thus leading to frustration among students and teachers alike, knowing that only during the times of the supervised work experience in pharmaceutical care was there any guidance and follow-up provided to users.

However, at the same time, when I observe the students providing pharmaceutical care, whether in the queue for receiving drugs, in the corridors of the CSF-MLJ, or in the pharmaceutical consulting room, the limitations surrounding us are cast from my mind, as I can see the massive evolution of the student, the user’s satisfaction and the expansion of health care. In the words of one of the work experience students in pharmaceutical care:

“We believe that those (users) who have the chance to have contact with us, certainly receive a better prognosis of their diseases, as they have enjoyed a unique moment with the medication professional, offering them manoeuvres for taking care with the medication and of their health.” (our translation)

“In relation to working together with other professionals, this is of great and essential importance, as we are inserted in a broader functional context, allowing our work to be exalted for the distinct impact it can have, if performed in the best possible manner, on the success of the treatment of many diseases, and also on disease prevention and health maintenance among the population.” (our translation)
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FIGURE 2 - Pharmaceutical care work experience student explaining the importance of pharmaceutical care to users queuing for medications and at the same time inviting them to participate in the pharmaceutical support.

FIGURE 3 – Pharmaceutical care work experience student in a pharmaceutical consultation.

FIGURE 4 – Pharmaceutical care work experience students in a school giving advice about the use of contraceptives and explaining aspects related to pharmaceutical care.

FIGURE 5 – Pharmaceutical care work experience students in a pharmaceutical consultation.

REFERENCES


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