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Occupational therapy interfaces in a primary care service in Belém: experience report

Interfaces de terapia ocupacional en un servicio de atención primaria de Belém: informe de experiencia

Interfaces da terapia ocupacional em um serviço de atenção primária de Belém: relato de experiência

ABSTRACT

The purpose of this article is to present interfaces of Occupational Therapy in Primary Care, through the report of the experience of a resident occupational therapist and his preceptors. generated from the experiences in a Municipal Health Unit in a peripheral neighborhood of the city of Belém. The resident and preceptors adopted different approaches, according to the health needs of the service users, acting through home visits, therapeutic groups and care surveillance of child development. activities of therapists with the researched literature, demonstrating that Occupational Therapists present validated performance in Brazilian Primary Care.

DESCRIPTORS: Primary Health Care; Occupational Therapy; Family Health Strategy; Poverty Areas.

RESUMEN

El objetivo de este artículo es presentar interfaces de Terapia Ocupacional en Atención Primaria, a través del relato de la experiencia de un terapeuta ocupacional residente y sus preceptores. Este es un informe de una experiencia descriptiva con un enfoque cualitativo, generado a partir de las experiencias en una Unidad Municipal de Salud en un barrio periférico de la ciudad de Belém. El residente y los preceptores adoptaron diferentes enfoques, de acuerdo con las necesidades de salud de los usuarios del servicio, actuando a través de visitas domiciliarias, grupos terapéuticos y vigilancia del cuidado del desarrollo infantil. actividades de los terapeutas con la literatura investigada, demostrando que los terapeutas ocupacionales presentan desempeño validado en la atención primaria brasileña.

DESCRIPTORES: Atención Primaria de Salud; Terapia Ocupacional; Estrategia de Salud Familiar; Áreas de Pobreza.

RESUMO

O objetivo desse artigo é apresentar interfaces da Terapia Ocupacional na Atenção Primária, através do relato da experiência de um terapeuta ocupacional residente e seus preceptores. Trata-se de um relato de experiência descritivo de abordagem qualitativa, gerado a partir das vivências em uma Unidade Municipal de Saúde de um bairro periférico da cidade de Belém. O residente e preceptoras adotavam diferentes abordagens, de acordo com a necessidade de saúde dos usuários do serviço, atuando através de visitas domiciliares, grupos terapêuticos e atendimentos em vigilância do desenvolvimento infantil. Observou-se corroboração das atividades dos terapeutas com a literatura pesquisada, demonstrando que Terapeutas Ocupacionais apresentam atuação validada na Atenção Primária brasileira.

DESCRIPTORES: Atenção Primária à Saúde; Terapia Ocupacional; Estratégia Saúde da Família; Áreas de Pobreza.

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INTRODUCTION

Primary Health Care (PHC) can be presented in different ways, this presumes the possibility of different definitions for this service. One of the first worldwide efforts to define PHC was the Alma-Ata Declaration¹, which brings with it the importance of a health service that is close and active in the community, in addition to promoting health in an expanded concept, exploring intersectoral actions, breaking with backward ways of doing health care. In Brazil, the Unified Health System (SUS) provides for the legislative and political organization of PHC in an expanded model, resembling the characteristics described by the Declaration of Alma-Ata.¹

Thus, Brazilian Primary Care follows a strategy of universality, integrality and equity, aiming at health with an expanded concept and acting on the needs of the user. PHC also assumes the role of first contact with the user, allowing access and use of the service for each health need or episode.²

It is in the context of PHC that the Family Health Strategy Axis of the Multiprofessional Residency Program of the University of the State of Pará is inserted. This axis focuses on promoting the experiences of professionals from Occupational Therapy, Physiotherapy, Dentistry and Nursing in primary care, acting in an interdisciplinary and integral way in the health network. The program's Occupational Therapists work in health care in Municipal Health Units, Extended Family Health Centers and also in municipal and state health management, bringing the concepts of the profession to their practices.

Therefore, Occupational Therapy is a profession that works from prevention to treatment of individuals with social, cognitive, affective, perceptual and psychomotor changes, of any origin, through the use of human activity as the basis for the development of specific therapeutic projects. Professionals

believe that doing and engaging in meaningful occupations can be a means and/ or an end to treatments for different conditions.³

The Federal Council of Physiotherapy and Occupational Therapy, in resolution N° 407 of August 18th, 2011,⁴ recognizes the possibility and specialty of Occupational Therapy in primary care, within the family health program, planning, coordinating, developing, prescribing, monitoring and reassessing intervention strategies to promote health, independence and autonomy in the daily lives of users.

Despite the existence of resolutions that support occupational therapists in primary health care, the authors, from the experiences in this context, are interested in sharing the actions performed in a PHC service, as well as verifying whether these actions are supported by national literature, especially when inserted in a context of fragile communities. Thus, the question of this research is: how do occupational therapists work in Primary Care services?

The objective of this article is to present interfaces of Occupational Therapy in Primary Care, through the report of the experience of a resident occupational therapist and her tutors in a Municipal Health Unit in a peripheral neighborhood in the city of Belém.

METHOD

It is a report of a descriptive experience with a qualitative approach, generated from the experiences of an Occupational Therapist in the first year of the Multiprofessional Residency Program at the University of the State of Pará, in the Family Health Strategy and Primary Care axis, as well as two Occupational Therapists who teach the Program. The Residence in question has the objective of promoting the training and specialization of health professionals, with a focus on acting in Primary Care, within the potential of the Unified Health System.

In order to organize didactic data, the work was constructed through four stages: description of the experiences as occupational therapists working in primary care; bibliographic survey; analysis of the literature and corroborations with the practices performed. The activities took place in the months of October to December, in the morning and afternoon, in the primary care establishments in the Bairro do Telégrafo in the city of Belém, mainly in the Municipal Health Unit of the Telegraph (UMS Telégrafo), as well as other Family Health Strategy Units in the neighborhood.

The search for articles and bibliographies was carried out in the following databases: Virtual Health Library (VHL); SCIELO; and LILACS. The descriptors used were only in the Portuguese language, as it is believed that the study sought to bring the findings in the literature closer to the reality of Brazilian cities. The descriptors were: Terapia Ocupacional; Atenção Primária de Saúde; Saúde da Família. In addition, research was limited to the years 2010 to 2020.

EXPERIENCE REPORT

Working as an Occupational Therapist in Primary Care in the neighborhood of Telegraph, adopted different profiles according to the days and times of the actions. In the morning, the consultations were focused on the realization of groups and also on the territory, through Home Care together with the NASF team and Community Health Agents. In the afternoon, the predominance was monitoring of developmental surveillance and interventions for children, within the neighborhood's UMS.

The groups focused on the theme of mental health, using resources such as conversation circles, relaxation and dynamics to promote mental well-being of users and also of the multidisciplinary team. The proposal of a mental health group arose due to the observation of the users' suffering demands, in terms

of coping with the pandemic, social isolation and also the loss of family members, friends and users of the unit due to COVID-19.

Home Care took place with the objective of taking health promotion into the homes of neighborhood residents, thus, the demands presented by the population were varied, including: post-stroke and post-trauma patients, social and mental health demands, cognitive rehabilitation and family demands. Thus, Occupational Therapists used activities and guidelines to enable the engagement, participation and functionality of these users in their significant occupations.

In order to provide better care during home visits, allowing for a better acquisition of data on the personal and occupational aspects of patients, an occupational therapeutic assessment form was designed to be used with users, observing their demands, within the homes and realities. This form is divided into two parts, the first being the acquisition of personal data and the second, the application of validated protocols for the Brazilian territory. The first part was prepared based on the "Household and Territorial Registration Form" ⁵ used by Community Agents to

collect and register user data in e-SUS Primary Care (e-SUS APS), which is a SUS information system used to systematize and digitize user data registered in a given coverage area. The second part of the form, on the other hand, was characterized by the use of assessments widely used by Occupational Therapists in their practice, such as the Mini Mental State Examination, Barthel Scale, Geriatric Depression Scale, Katz Index and Functional Independence Measure. These instruments were chosen due to the demands perceived by the therapists and also due to their affinity in their use.

As for the activities that took place in the afternoon, as previously mentioned, they were directly related to developmental surveillance, with the objective of preventing, monitoring and promoting health during the process of growth and development of typical and non-typical children.

The surveillance service was established after the perception of the unit's occupational therapist, of the need for a program that would provide health care to this population, being a constant demand from users who sought help within the unit. Patients were referred or received due to spontaneous demand, being scheduled to carry out an assess-

ment of neurological, motor, sensory and also occupational development. After the evaluation, the occupational therapist, resident and family member entered into an agreement and decided on the demands presented, the needs to be worked on and also whether the monitoring would be weekly or monthly..

In addition, integral care was valued, as well as working together within the municipality's service network. Thus, in many cases, there was a need for care at other levels of care, such as secondary and tertiary care, with referral and counter-referral patients.

The actions, both in the morning and in the afternoon, were carried out jointly between preceptors and the resident. Case analysis, reading of articles, discussions with staff and formulation of unique therapeutic plans were part of the procedures between preceptors and the resident, in addition to the visits themselves. The preceptor acted as an advisor, helping in the decision making of the resident, according to the needs of the context and the user to be served.

The COVID-19 pandemic brought the need for changes in the care processes. During the morning, the groups needed to have a reduced audience, respecting social distance and also with less exposure time. Visits were also reduced, in addition to occurring with smaller teams and with users outside the risk group. In the afternoon activities, the number of visits was reduced, from 6 to 3 daily visits, with intervals of 10 to 15 minutes between sessions, in order to sanitize the space and the material. The appointment strategy was adopted, reducing the time that the user waits for the service, consequently, decreasing their exposure.

DISCUSSION

The Telégrafo neighborhood is located in the Una Basin, in the peripheral lowland region of Belém. ⁶ The territory is mainly composed of swampy areas, with low real estate valuation and with a

Figure 1: Relaxation group



Source: Authors, 2020

high concentration of subnormal agglomerates, a form of irregular occupation of the territory, where there is a lack of essential public services, high levels of violence, precariousness of life and human survival.⁷

According to Rosemari,⁸ there is a clear correlation between the individual's health condition and vulnerability with the environment in which he lives. Thus, living in peripheral neighborhoods represents the lack of access to health services, living with poor sanitation conditions, the presence of acute infectious diseases and the lack of control of chronic diseases. In addition, there is the presence of social conditions such as violence, poverty and a low level of education.

The COVID-19 pandemic has also shown greater effects with peripheral populations, such as that of the Telégrafo neighborhood. Although the general symptomatology of the disease is mild, vulnerable and poor individuals are more likely to evolve to severe conditions and deaths, just as their territories have the highest rates of disease spread.⁹

In this context, Primary Health Care is inserted as a primary level of care and also as a strategy for organizing the health system. The Brazilian PHC provides assistance focused on the family, with community orientation and cultural competence. The focus on the family consists in considering it as a unit that needs care and that is inserted in a community orientation, that is, it is part of a community with customs, cultures, singularities and collectivities, living according to a social, economic and physical context.¹⁰

Thus, Occupational Therapy, inserted in Primary Care, seeks to respect the community in which it operates, through a vision focused on the subject in its interfaces, demands and physical, mental, social and, above all, occupational contexts. The actions, duties and technologies of Occupational Therapy in PHC, as well as other professions, are

based on intersectoriality and interdisciplinary work, mainly with the advent and implementation of the Family Health Support Centers, from 2008.

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Within the theoretical and practical framework of Occupational Therapy, prevention, protection and health promotion occur through activities and occupation, supported by the relationship of the subject inserted in a biopsychosocial environment. This thinking is similar to the principles of community

orientation and cultural competence mentioned above, demonstrating the proximity and the positive relationship that the category can offer within the context of primary care.^{10,11}

The experience of visits and home visits that occurred is similar to the experiences of the authors Baissi and Maxta,¹² who report family care provided by a UMS in the municipality of Várzea Paulista. The authors demonstrate how Occupational Therapy can act in home care, identifying the needs of families, carrying out the correct management of the occupational difficulties presented, such as the use of energy conservation techniques, environmental adaptations and also family charts and ecomaps.

As for the use of therapeutic groups, this strategy is cited in the literature as one of the proposals widely used by occupational therapists and the team in primary care. Therapeutic groups have positive aspects in promoting the health of individuals. Allowing the expansion of autonomy, being a potentializing device for creating bonds, mobilizing questions, transforming relationships with the social and physical space, as well as effectively fulfilling a role in promoting popular education and training of the subject.^{13,14}

Assistance and monitoring in child development surveillance are also used by occupational therapists working in PHC. Whether due to complex services or sporadic care, valuing the monitoring of child development, from pregnancy to the first years of life, is an important and recommended strategy to ensure the health of the child and its caregivers. Occupational therapy can work on global aspects, such as care during pregnancy, formation of healthy affective bonds, vaccination schedule, accident prevention and assessment of neuromotor development, even specific things like family engagement in the occupational care role, child engagement in playing and in early stimulation.¹⁴

Actions such as those carried out within the UMS Telégrafo, are also found

in other academic productions, as highlighted by Cabral and Bregalda,¹⁵ in a literature review that sought to identify the role of the occupational therapist in Brazilian Basic Health Units. The presence of residents, as well as individual care for all age groups, therapeutic groups, home visits and developmental surveillance, were raised by the authors in different services in the Southeast and Northeast regions of Brazil.

CONCLUSION

According to what was exposed, it was observed that the occupational therapist can work in primary care on different fronts. Despite the possibilities for action in the category, there is a need to carry out experience reports, such as the one in this article, giving other professionals the opportunity to observe and analyze the authors' experiences.

During the bibliographic survey, it

was observed that occupational therapists from other primary care services also perform actions different from those of the authors, such as more specific care in primary care, preparation of assistive technology and care for alcohol and drug users, as well as other fronts and possibilities. The productions found did not highlight whether the territory was marked by social fragility, with this research suggestion for future productions. ■

REFERENCES

1. Declaração de Alma-Ata. In: Conferência Internacional sobre Cuidados Primários de Saúde. 1978 Set 6-12; Alma Ata, Cazaquistão
2. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica [Homepage da Internet]. Avaliação na Atenção Básica [acesso em 20 jan 2021]. Brasília, 2006. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/manual_avaliacao_atencao_primaria.pdf
3. Conselho Regional de Fisioterapia e Terapia Ocupacional da 12ª Região (CREFITO-12) [Homepage da Internet]. Conceito da Terapia Ocupacional [acesso em 20 jan 2021]. Disponível em: <https://crefito12.org.br/terapia-ocupacional/>
4. COFFITO. CONSELHO FEDERAL DE FISIOTERAPIA E TERAPIA OCUPACIONAL. Resolução nº 407 de 18 de agosto de 2011a. Disciplina a Especialidade Profissional Terapia Ocupacional em Saúde da Família e dá outras providências. Diário Oficial da União [Internet]. 2011 Disponível em: http://www.coffito.org.br/publicacoes/pub_view.asp?cod=2137&psecao=9
5. ESUS-AB [Homepage da Internet]. Ficha de Cadastro Domiciliar e Territorial. Ocupacional [acesso em 20 jan 2021]. Disponível em: <https://integracao.esusab.ufsc.br/v211/docs/dicionario-fcd.html>
6. Silva JM, Chagas CAN. A Dinâmica Da (Re) Produção Espacial E A Novas Territorialidades Em Belém-Pa: Disputa Pelo Poder E A Cartografia De Homicídios Na Área Da 7ª Aisp. In: Anais do VI Congresso Iberoamericano de Estudos Territoriais y Ambientales; 2014 Sept 8-12; São Paulo, Brasil: Universidade Estadual Paulista (UNESP); 2014; 2564. Disponível em: https://www.researchgate.net/profile/clay_chagas/publication/274380206_a_dinamica_da_re_producao_espacial_e_a_novas_territorialidades_em_belem_pa_disputa_pelo_poder_e_a_cartografia_de_homicidios_na_area_da_7a_aisp/links/551d46d30cf2000f8f938b74/a-dinamica-da-re-producao-espacial-e-a-novas-territorialidades-em-belem-pa-disputa-pelo-poder-e-a-cartografia-de-homicidios-na-area-da-7a-aisp.pdf
7. Instituto Brasileiro de Geografia e Estatística [Homepage da Internet]. Censo 2010 [acesso em 20 jan 2021]. Disponível em: www.ibge.gov.br;
8. Pilati R; Sales IKP; Santos AA; Silva CA; Fidalgo Neto AA; Tubino R; Saldanha RR. O Ambiente Como Fator De Risco A Saúde De Crianças De Bairro Periférico De Brasília-DF. Ensaios e Ciência: Ciências Biológicas, Agrárias e da Saúde [online], 2013 [Acesso em 13 Jan 2021]; 17(5): 51-62. Disponível em: <https://revista.pgskroton.com/index.php/ensaioeciencia/article/view/2299>
9. Estrela FM. Pandemia da Covid 19: refletindo as vulnerabilidades a luz do gênero, raça e classe. Ciência & Saúde Coletiva [online]. 2020 [Acesso em 13 Jan 2021]; 25(9): 3431-3436. Disponível em: <https://doi.org/10.1590/1413-81232020259.14052020>. ISSN 1678-4561. <https://doi.org/10.1590/1413-81232020259.14052020>.
10. Mendes EV. A Construção Social Da Atenção Primária À Saúde. 1 ed. Brasília: Conselho Nacional de Secretários de Saúde – CONASS, 2015. 193 p.
11. Rocha EF, Paiva LFA, Oliveira RH. Terapia ocupacional na Atenção Primária à Saúde: atribuições, ações e tecnologias. Cad. Bras. Ter. Ocup [online]. 2012 [Acesso em 13 Jan 2021]; 20(3):351-361. Disponível em: <http://www.cadernosdeterapiaocupacional.ufscar.br/index.php/cadernos/article/view/679>
12. Baissi G.; Maxta BSB. Experiência da Terapia Ocupacional no cuidado familiar em um serviço de Atenção Primária em Saúde. Cad. Ter. Ocup [online]. 2013 [Acesso em 13 Jan 2021]; 21(1): 413-422. Disponível em: <http://www.cadernosdeterapiaocupacional.ufscar.br/index.php/cadernos/article/view/828>
13. Minozzo F, et al. Grupos de saúde mental na atenção primária à saúde. Revista de Psicologia [online], 2012 [Acesso em 21 Jan 2021]; 24(2): 323-340. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1984-02922012000200008&lng=pt&tlng=pt.
14. Lancman S; Barros JO. Estratégia de saúde da família (ESF), Núcleo de Apoio à Saúde da Família (NASF) e terapia ocupacional: problematizando as interfaces. Rev. Ter. Ocup. Univ [online]. 2011 [Acesso em 21 Jan 2021]; 22(3): 263-269. Disponível em: <https://doi.org/10.11606/issn.2238-6149.v22i3p263-269>.
15. Cabral LRS; Bregalda MM. A atuação da terapia ocupacional na atenção básica à saúde: uma revisão de literatura. Cadernos de Terapia Ocupacional da UFSCar [online]. 2017 [Acesso em 08 Feb 2021]; 25(1): 179-189. Disponível em: <http://dx.doi.org/10.4322/0104-4931.ctoAR0763>.