

Report on the residence experience in family and community medicine facing the covid-19 pandemic

Relato de experiência da residência em medicina de família e comunidade frente à pandemia covid-19

Informe sobre la experiencia de residencia en medicina familiar y comunitaria ante la pandemia del covid-19

RESUMO

Objetivo: Relatar a experiência da residente em Medicina de Família e Comunidade na reorganização do processo de trabalho na Atenção primária à saúde no enfrentamento à pandemia da COVID-19. Método: Trata-se de um relato de experiência descritivo com abordagem qualitativa, o qual foi elaborado a partir da vivência dos profissionais que realizaram atendimentos aos pacientes sintomáticos e confirmados da COVID-19 na USF integrada Altiplano, João Pessoa – PB, durante o período entre março/ 2020 e junho/2021 do curso de pós-graduação em nível de residência médica em Medicina de Família e Comunidade. Resultado: Observaram-se as mudanças realizadas nos fluxos de atendimentos, a testagem dos sintomáticos, a utilização de equipamentos de proteção individual, vacinação e desafios vivenciados neste período de pandemia. Conclusão: Concluiu-se que a construção de um fluxograma para atendimento de casos de COVID-19 na APS, medidas de distanciamento social e campanha de vacinação foram importantes no enfrentamento da pandemia.

DESCRITORES: Medicina; Infecções por coronavírus; Profissional de saúde; Pandemia

ABSTRACT

Objective: To report the experience of the resident in Family and Community Medicine in the reorganization of the work process in Primary Health Care in facing the COVID-19 pandemic. Method: This is a descriptive experience report with a qualitative approach, which was elaborated from the experience of professionals who provided care to symptomatic and confirmed patients of COVID-19 in the integrated USF Altiplano, João Pessoa – PB, during the period between March/2020 and June/2021 of the postgraduate course at the level of medical residency in Family and Community Medicine. Results: The changes made in the flow of care, the testing of symptomatic patients, the use of personal protective equipment, vaccination and challenges experienced in this pandemic period were observed. Conclusion: It was concluded that the construction of a flowchart for the care of COVID-19 cases in the PHC, measures of social distancing and vaccination campaign were important in dealing with the pandemic.

DESCRIPTORS: Medicine; Coronavirus Infections; Personal Health; Pandemic

RESUMEN

Objetivo: Informar la experiencia del residente en Medicina Familiar y Comunitaria en la reorganización del proceso de trabajo en Atención Primaria de Salud ante la pandemia de COVID-19. Método: Se trata de un relato de experiencia descriptiva con enfoque cualitativo, que fue elaborado a partir de la experiencia de los profesionales que brindaron atención a pacientes sintomáticos y confirmados de COVID-19 en el Altiplano integrado de la USF, João Pessoa – PB, durante el período comprendido entre marzo / 2020 y junio / 2021 del posgrado a nivel de residencia médica en Medicina Familiar y Comunitaria. Resultados: Se observaron los cambios realizados en el flujo de atención, las pruebas de los pacientes sintomáticos, el uso de equipo de protección personal, la vacunación y los desafíos experimentados en este período pandémico. Conclusión: Se concluyó que la construcción de un diagrama de flujo para la atención de casos de COVID-19 en la APS, medidas de distanciamiento social y campaña de vacunación fueron importantes para enfrentar la pandemia.

DESCRIPTORES: Medicina; Infecciones por Coronavirus; Personal de Salud; Pandemia.

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INTRODUCTION

In December 2019, the World Health Organization (WHO) was alerted to an outbreak of pneumonia of unidentified etiology in Wuhan, Hubei province, China. On January 30th, 2020, WHO declared that the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) epidemic was a public health emergency of international concern. 1,4 Currently, Brazil already has variants of the SARS-CoV-2 viral mutation.

Countries faced saturation of health systems and psychological and economic consequences. The absence of effective treatments or prevention strategies contributed to the increase in the number of cases, increasing health expenses, hospitalizations and palliative therapies. Furthermore, the available diagnostic tests were limited, which led to an increase in cases of underreporting. 1 Patients may experience symptoms such as fever, cough, chest discomfort, difficulty breathing, or pneumonia. Diagnosis is made through clinical epidemiological investigation and physical examination. The most used imaging tests are: chest radiography and computed tomography (CT). 3

Several measures to address and control the COVID-19 pandemic have been implemented, including community testing, contact tracking, isolation, and other public health and social strategies. 11

It is estimated that about 80% of COVID-19 cases manifest mild and moderate and can be treated in PHC Primary Health Care (PHC), which is capable of containing the transmission of the disease, by decreasing the visit of people with mild symptoms to secondary care services. 4 The PHC is the organizer of care for access to the Unified Health System (SUS), which

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is considered the main entry of individuals into this system. The main physical structures of this care model are the Basic Health Units (UBS), composed of a multidisciplinary team. 8

As a result, there was a reorganization or interruption of routine health services, which served people undergoing treatment for diseases such as cancer, cardiovascular disease and diabetes. Health professionals working in the health care of individuals with Chronic Non-Communicable Diseases (NCDs) were redirected to work in the field of COVID-19 coping actions. As a result, there was a reduction in the monitoring and management of CNCDs and an increase in avoidable morbidity and mortality. 7

In 2021, the vaccination of health professionals and the community began, following all the norms and stages determined by the Ministry of Health, aiming at preventing and controlling the expansion of COVID-19.

In view of the problems triggered by the pandemic, it was necessary to reorganize care at the health units to be able to provide better assistance to users with Flu Syndrome (FS), as well as to those with other diseases. Thus, this article aims to report the experience and experience of the resident in family and community medicine in the reorganization and restructuring of the work process in PHC in facing the COVID-19 pandemic.

METHODS

This is a descriptive experience report with a qualitative approach. The report was prepared according to the experience of professionals who worked providing care to symptomatic and confirmed patients of COVID-19 at the Integrated Family Heal-

th Unit Altiplano, in the city of João Pessoa - PB, during the period between March 2020 and June 2021 of the postgraduate course at the medical residency level in Family and Community Medicine, which is linked to the Municipal Secretariat of João Pessoa in partnership with the Faculty of Medical Sciences of Paraíba.

The bibliographic research for theoretical framework was carried out in the following databases: Virtual Health Library (VHL), Latin American and Caribbean Health Science (LILACS), PUBMED and SciELO, using the following descriptors: Health professionals; Medicine; Coronavirus infections; Pandemic. As inclusion criteria, articles in Portuguese and English, published in the period between 2020 and 2021, were selected.

RESULTS

The residency in Family and Community Medicine started on March 2nd, 2020. On March 18th of the same year, the first case of COVID-19 was confirmed in João Pessoa-PB, thus, a meeting was held with preceptors and residents, in which a protocol was presented on how we would manage FS cases in Primary Health Care in João Pessoa-PB.

We were assigned to carry out the residency program at the integrated USF in Altiplano, having two Primary Care teams: Altiplano I and II. In the unit's facilities, we have a spacious, wooded and ventilated outdoor area, which we use for the care of patients with FS.

Upon arrival at the UBS, patients went to the reception, where a screening is performed, which is performed by the receptionist or by a Community Health Agent (CHA). The patient is asked about complaints of respiratory syndrome, such as fever, cough, sore throat or respiratory discomfort; in the presence of any symptoms, control measures are taken, such as providing a surgical mask and 70% alcohol for hand hygiene if the patient needs it. Patients showing flu-like symptoms are destined for the external area. Upon arrival at this location, they are evaluated by nursing

technicians, and vital signs are checked, such as blood pressure, oxygen saturation, heart rate and HGT, and then proceed to medical care.

UBS has 3 doctors to provide this service, in addition to performing Rapid Tests and RT-PCR to confirm the diagnosis. Tests are performed by nurses and RT-PCR results are returned to the unit at approximately 7-10 days. After the service, an employee is responsible for collecting the patients' prescriptions, taking them to the pharmacy and looking for medication, preventing patients from circulating in the UBS. The CHAs carry out telephone monitoring of suspected and confirmed cases, every 48 hours.

Regarding the use of Personal Protective Equipment (PPE), the use of a mask by all patients from the moment of screening is mandatory. According to ANVISA's recommendations, all professionals must use PPE in their appointments, including the N95 mask, disposable coats, and protective visor for longer exposures; and eventually a surgical mask in low-risk exposures. We obey hand hygiene care, respecting the five moments of hygiene, as well as cleaning surfaces with the proper materials.

After detecting the first case of COVID-19 in Paraíba, care in the highland unit, as well as in other health units in João Pessoa-PB, was reduced, being reserved for urgent cases and the renewal of prescriptions. Around the month of September 2020, meeting the other demands of primary care was carried out again inside the unit, following the matrix support rules of the City Hall of João Pessoa-PB, preventing the contamination of patients with the COVID-19.

During R1, we were asked to provide assistance at other USFs that were left without doctors, who were on leave for presenting comorbidities and being part of the risk group for COVID-19, in addition to being on call in the call center service. The remote care of patients is carried out through a form created through a partnership between the Federal University of Paraíba (UFPB) and the telehealth of the Federal University of Rio Grande do Sul (UFR-

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GS). We identified patients with mild and severe GS, advising them on the use of medications, providing certificates and directing them to other health services if necessary, in addition to carrying out compulsory notification of cases. With this, we avoid a greater circulation of people on the street and overload of primary care.

During 2020, many users stopped attending the unit for fear of being contaminated with COVID-19, postponing care and screening for chronic diseases such as diabetes and high blood pressure. In addition, there was a delay in terms of exams and appointments for secondary care during the most critical months of the pandemic, which resulted in users being withdrawn.

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As of January 2021, vaccination against COVID-19 was started. Currently, we can already feel the impact of this measure, with the reduction in the number of patients with GS who seek the health unit.

DISCUSSION

During the pandemic, the UBS performs the screening of users with respiratory symptoms, through a professional who works at the reception receiving people who seek the service, this professional is essential to organize and direct the flow of patients.

The reorganization of care flows generated impacts on the targeting and accessibility of users assisted in UBS, reducing overcrowding in UPAS and reference hospitals. According to the indication of the Ministry of Health 5, this measure also provided high-complexity units with the availability of beds for the most severe cases of COVID-19. 8

Given the large number of users with respiratory symptoms, it was necessary to reduce routine care for patients with chronic diseases, being limited to the most

urgent needs. In addition, there was a noticeable decrease in the search for the service due to the great social isolation on the part of this group. A study carried out by PAHO in May 2020 among countries in the Americas also identified that, although

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outpatient NCD services were maintained, limited access occurred in several countries (64%). 10 The interruption of services, partially or totally, affected all types of care for people with CNCD, such as dental and rehabilitation services. 7 However, in

the city of João Pessoa, assistance returned following the matrix support rules.

Users and professionals are tested whenever they experience respiratory symptoms, even if they do not meet all established criteria for infection. The service welcomes, notifies and performs the collection for a quick test, carried out at the UBS. The RT-PCR test can also be performed using respiratory secretions, which are performed in laboratories and generally the release of the result takes place over time, being a negative point with regard to the management of patients.

As COVID-19 has evolved, the risk of infection to which healthcare professionals are exposed has increased, reaching up to 20% of workers in some countries, such as Spain, in March 2020. 9 Therefore, the protocols for attire and undressing were followed in accordance with ANVISA's recommendation 5, however, we encountered difficulties, as at times we did not receive all the PPE, however, we always strive to acquire or demand from managers so that the service was not impaired. According to Victor Grabois, protecting health professionals means offering adequate conditions to work, such as providing individual protection equipment in sufficient quantity and quality and enabling them to use it properly, in addition to offering psychological safety. 12

The medical residency program provided moments of psychological support to residents through video classes on how to take care of mental health in times of pandemic, conversation circles, among other measures. This action was important because health professionals, although they routinely deal with death, are not trained or qualified to deal with this phenomenon. This is compounded by cultural issues and, in the case of this pandemic, by the extraordinary increase in the death toll. 10 These professionals can have their vulnerability increased and present situations of stress, depression and insomnia.

Currently, there has been a great advance in vaccination, contributing to greater control in the increase in the number of cases, as has been happening in several

countries that bet on vaccination, making social isolation measures more flexible.

CONCLUSION

From this experience report, it was concluded that the construction of a flowchart for the care of COVID-19 cases in the PHC, measures of social distancing and

the vaccination campaign are important in dealing with the pandemic.

It is necessary that health professionals have psychological support due to work overload, refresher courses and greater access to PPE, reducing the impacts generated and the commitment of health services.

Thus, we recognize the great importance of this experience report on coping with

the pandemic in PHC, because through the care of patients with flu-like illness in PHC, it was possible to avoid overcrowding at other levels of complexity. However, in the current scenario, it is necessary to develop strategies to resume the full service of other demands, especially NCDs.

REFERENCES

1. Ahn DG, Shin HJ, Kim MH, et al. Current status of epidemiology, diagnosis, therapeutics, and vaccines for novel coronavirus disease 2019 (COVID-19). *J Microbiol Biotechnol.* 2020;30:313–324.
2. Andres SC, Carlotto AB, Leão A. A organização e estruturação do serviço de saúde na APS para o enfrentamento da Covid-19: relato de experiência. *APS em Revista.* 2021;3:09-15.
3. Boger B, Fachi MM, Vilhena RO, Cobre AF, Tonin FS, Pontarolo R. Systematic review with meta-analysis of the accuracy of diagnostic tests for COVID-19. *American journal of infection control.* 2021; 49:21–29.
4. BRASIL. NOTA TÉCNICA Nº 20/2020-DESF/SAPS/MS. Ministério da Saúde Secretaria de Atenção Primária à Saúde Departamento de Saúde da Família. 2020.
5. BRAZIL. NOTATÉCNICAGVIMS/GGTES/ANVISA Nº 04/2020. Agência Nacional de Vigilância Sanitária. 2020.
6. Campos DMS, Costa ENF, Branco FM. Relato de experiência da vivência de residentes de enfermagem frente a pandemia COVID-19. *Relato de experiência da vivência de residentes de enfermagem frente a pandemia COVID-19. Saúde coletiva.* 2020; 10:4184-4193.
7. Malta DC, et al. Uso dos serviços de saúde e adesão ao distanciamento social por adultos com doenças crônicas na pandemia de COVID-19, Brasil, 2020. *Ciência & Saúde Coletiva.* 2021;26:2833-2842.
8. Oliveira LMS, Gomes NP, Oliveira ES, Santos AA, Pedreira LC. Estratégia de enfrentamento para covid-19 na atenção primária à saúde: relato de experiência em Salvador-BA. *Rev Gaúcha Enferm.* 2021;42.
9. Oliveira WA, Oliveira-cardoso EA, Silva JL, SANTOS MA. Impactos psicológicos e ocupacionais das sucessivas ondas recentes de pandemias em profissionais da saúde: revisão integrativa e lições aprendidas. *Estud. psicol.* 2020;37.
10. Organização Pan-Americana da Saúde (OPAS). Informe de la evaluación rápida de la prestación de servicios para enfermedades no transmisibles durante la pandemia de COVID-19 en las Américas; 2020 [accesado 2021 Jul 19]:1-8.
11. Prado NMBL, et al. Ações de vigilância à saúde integradas à Atenção Primária à Saúde diante da pandemia da COVID-19: contribuições para o debate. *Ciênc. Saúde Colet.* 2021;26.
12. Rosevics L, et al. ProCura - a arte da vida: um projeto pela humanização na saúde. *Rev. bras. educ. med.* 2014;38:486-492.
13. Wang M, Zhao R, Gao L, Gao X, Wang D, Cao J. SARS-CoV-2: Structure, Biology, and Structure-Based Therapeutics Development. *Front. Cell. Infect. Microbiol.* 2020;10.