ISSN: 2230-9926

Available online at http://www.journalijdr.com

IJDR

International Journal of Development Research
Vol. 10, Issue, 06, pp. 36856-36858, June, 2020
https://doi.org/10.37118/ijdr.19062.06.2020

RESEARCH ARTICLE OPEN ACCESS

CONSTRUCTION OF AN EDUCATIONAL TECHNOLOGY ABOUT RECEPTION IN PRIMARY CARE

[1]Francisco Mayron Morais Soares, [2]Karla Yanca de Sousa Tabosa, [3]Kirley Kethellen Batista Mesquita, [4]Ana Isabella Braz Jácome, [2]Aurora Pinheiro Vale, [2]Alyne Alves da Silva, [5]Vicente Bruno de Freitas Guimarães, [4]Aluízio Rodrigues Guimarães Júnior, [6]Eryka Maria Rodrigues Pereira, [6]Glaucirene Siebra Moura Ferreira, [7]Tatyane Oliveira Rebouças, [2]Patrícia Giselle Freitas Marques, [2]Ana Carolina Melo Farias Teixeira, [2]Francisco Ivanildo Sales Ferreira and [3]Cassia Maria Holanada Menezes

[1]Master in Nursing – Professor of Nursing Graduation at College UNINTA Itapipoca Pesquisador do Grupo de Estudos em Práticas Avançadas e Tecnologias em Enfermagem – GEPATE. [2,3]Nurse. Master's Student in Nursing. [4]Nursing student, [5]Master in Biotechnology in Human Health UECE, [6]Nurse. Master in Nursing – Professor of Nursing Graduation at College UNINTA Itapipoca; [7]Nurse. Master in Nursing - Hematology and Hemotherapy Center of Ceará = HEMOCE

ARTICLE INFO

Article History:
Received 17th March, 2020
Received in revised form
09th April, 2020
Accepted 28th May, 2020
Published online 29th June, 2020

Key words:

Reception; Nursing; Primary attention.

****Corresponding author:***
Mestre em Enfermagem

ABSTRACT

Objective: To present the construction of an educational booklet on reception and risk classification in primary care. Methodology: The present study is a methodological research, whose four stages were elaborated for the construction of the booklet, namely: bibliographic survey, integrative review, textual elaboration and creation of the booklet. Results: With regard to the first stage, the keywords "reception" and "primary care" and the keyword "risk classification" were used, resulting in 10 articles surveyed, of which after applying the inclusion / exclusion criteria 7 In the second stage, an integrative review was chosen to ensure a precise and objective analysis of the theme. For the third stage, the theoretical subsidy that would appear in the booklet was constructed. Finally, in the fourth stage, the booklet was made, with regard to its layout and images. The strategy of creating the booklet is of vital importance due to the humanization policy that brings with it from the reception of patients to the valorization of individualities based on the urgency of each case. Conclusion: The use of technologies is essential when talking about primary care because it is aimed at sharing and exchanging knowledge between the different protagonists present in these services.

Copyright © 2020, Francisco Mayron Morais Soares et al. *This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.*

Citation: ***Francisco Mayron Morais Soares, Karla Yanca de Sousa Tabosa, Kirley Kethellen Batista Mesquita et al.*** "Construction of an educational technology about reception in primary care*", International Journal of Development Research*, 10, 06, 36856-36858.

INTRODUCTION

Welcoming is a technical-assistance action, which was introduced in the services of the Unified Health System (SUS) in the 1990s, with the main purposes of promoting change in the relationships between workers, managers and users, enabling the development of work in Cheers. This action is translated as a welcoming attitude of health professionals, promoting qualified listening, appreciation of complaints, identification of needs, humanized treatment and recognition of the user as an active participant in their health-disease process (Brazil, 2008). Welcoming with Risk Assessment and Classification (AACR) is a dynamic process of identifying patients who need immediate treatment, according to the risk potential, health problems or degree of suffering (Oliveira *et al*., 2013).

The welcoming methodology with risk classification is a device for improving the quality of urgent and emergency services, which allows and encourages positive changes in health practices (Silva *et al*., 2016). The reception with risk classification is shown as a tool that aims to reduce the chances of dissatisfaction on the part of clients and professionals, as it streamlines the service provided to the client, recognizes priorities and provides the appropriate referrals to the user's treatment community (10). The incorporation of technologies in health has been promoting significant impacts, whether in the assistance or informational scope. Therefore, it is important to highlight the importance of conducting studies as well as the creation of health technologies aimed at information and education. This study aims to present the construction of an educational booklet on welcoming and risk classification in primary care.

METHODS

It is a methodological research. The present study was carried out during 2018 and focused on the development of an educational booklet, to be used in educational strategies for nurses in primary care, to promote the welcoming routine and risk classification in primary care. The booklet construction process was adapted to the premises for the preparation of guidance manuals for health care. For the authors, after the adaptation, the construction was divided into four stages, as shown in Figure 1:

Figure 1. Phases of preparing the booklet

The first stage consisted of a bibliographic survey where we used the descriptors "reception" and "primary attention", from the last five years and after this survey we carried out a reading of the literature, where we sought to know the universe that covered this theme, the second stage was an integrative review was carried out to find out "What methods were used to teach welcoming", where this question guided us in front of the path to be followed. This type of literature review was chosen because this methodgathers the relevant scientific production on a given topic, offering quick and synthesized access to the most important scientific results for the studied area (5). The third step was the textual elaboration of the booklet, the fourth step was the layout of the educational booklet, cover, back cover, and selection and construction of the illustrations to be used together with the texts and activities. The educational booklet, when validated, will be used for educational activities for the entire nursing team in order to provide guidance on humanized care and effective risk classification, however, this report will only describe its elaboration.

RESULTS

Construction of the booklet

Step 1 - Bibliographic Survey: The first stage of the construction of the educational booklet corresponded to a bibliographic survey. Electronic selection was carried out in the LILACS (Latin American and Caribbean Literature) and MEDLINE (National Library of Medicine, United States) databases. The electronic search was carried out through the following combinations of Health Sciences Descriptors (DeCS): "Reception" and "primary care" and the combination with the keyword "risk classification", and was based on the adoption of the following criteria of inclusion: the indexing of studies in the respective databases, in the period between January 2015 and January 2018; in Portuguese and Spanish. Exclusion criteria were defined as: productions without availability of the full text in its entirety and the central theme of the study not related to the reception issue. 10 articles from the scientific bases were selected. After selecting the aforementioned material, an exhaustive reading was done to expand the researchers' knowledge area, leaving 7 articles.

Step 2 - Integrative review: In the second stage, an integrative review was chosen, as it is configured as a type of literature reviewwhich brings together findings from studies developed using different methodologies, allowing reviewers to synthesize results without harming the epistemological affiliation of the included empirical studies (Soares, 2014). An integrative review requires a standard of excellence in terms of methodological rigor so that your product can make significant contributions to science and clinical practice. The preservation of this standard requires the use of methods that guarantee an accurate, objective and complete analysis of the revised theme (Soares, 2014). The steps that led to this review were divided as shown in Figure 2:

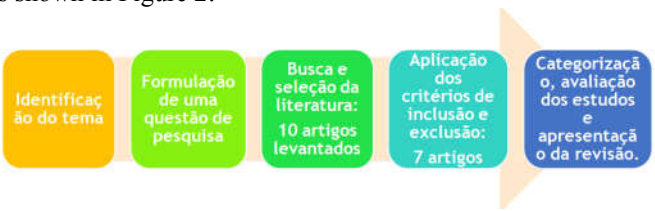

Figure 2. Stages of the Integrative Review

Step 3 - Text elaboration: From the review it was possible to identify which subjects would be relevant to compose the topics covered in the booklet. After the selection and organization, the following topics were agreed: Reception, how the reception is done in the Primary Health Care Units, how the risk classification is done, organization of the team for an effective reception, team responsibility and the importance of communication for an excellent service. We tried to interweave the subjects with activities and games, such as word searches and problem situations, in order to make the material more didactic and inviting for those who will use it.

Step 4 – Layout: In the fourth stage, formatting and choosing the images that would make up the booklet was performed. Editing was performed using Adobe Illustrator and Word. In order to improve the organization and aesthetics of the material, we opted for the service of a graphic designer to edit the images and build the layout of the booklet as shown in Figure 3.

DISCUSSION

Primary care seeks to break paradigms through a new model, which incorporates thoughts and new ways of acting, seeking the conversion of the care model, and thus bringing changes in the reception of patients seen at the basic unit (Souza, 2018). For Merhy, the health service must adopt practices centered on users, promoting capacities to welcome, resolve, and autonomize, creating a bond and a better form of reception (9). User embracement is a health service organization strategy, thus directing the modification of the techno-assistance model. It is a device that is inserted in the Humanization Policy of the Ministry of Health (HumanizaSus), and that goes beyond the user's reception, as it considers the entire situation presented since entering the system, seeking to prioritize cases that urgently need care, welcoming means humanization of care (Hennington, 2005).

Figure 3. Cover and introduction of the booklet

The reception allows the professional to reflect on the health work process, and thus creates a bond and trust between professional and user, facilitating the service and assistance provided to this user. It is a method capable of qualifying the health service, as it allows the user to provide comprehensive and dignified care that meets their real needs, thus solving the problems presented (Carvalho, 2008). It is noticed that the reception has only been highlighted in the work processes of the Family Health Teams in a relatively recent past (Coutinho Larissa Rachel Palhares, 2015).

FINAL CONSIDERATIONS

The study made it evident that welcoming is a vitally important posture for SUS, it favors the formation of bonds between the multidisciplinary team and the patient, making the consultation more welcoming and giving the patient more security and autonomy to actively participate in related decisions to your health-disease process. Within this reality, the Risk Classification is an important instrument that allows each patient to be treated according to their degree of severity, organizing the reception based on needs and providing priority care to the most serious cases. However, for the Reception with Risk Classification (ACR) to be really effective, it is necessary for its understanding on the part of everyone involved in the process, because only with the understanding on the part of health professionals and the population can the ACR be deployed effectively. Therefore, it can be concluded that health technologies in primary care are indispensable, their creation and implantation must be encouraged and requires responsibility and commitment on the part of the team, because, when implemented effectively, they facilitate the information and care process, sharing knowledge and stimulating support and understanding by the population.

REFERENCES

Brazil. 2008. Ministry of Health. Health Care Secretariat. Technical Nucleus of the National Humanization Policy. Reception in health production practices / Ministry of Health, Health Care Secretariat, Technical Nucleus of the National Humanization Policy. - 2. ed. - Brasília: Publisher of the Ministry of Health.

Carvalho CAP, Marsicano AL, Carvalho FS, Peres AS, Bastos JRM, Peres SHCP. 2008. User embracement: a systematic review of care in the Unified Health System. Arq Ciênc Saúde abr / jun; 15 (2): 93-5

Coutinho Larissa Rachel Palhares, Barbieri Ana Rita, Santos Mara Lisiane de Moraes dos. 2015. Embracement in Primary Health Care: an integrative review. Health debate [Internet]. June; 39 (105): 514-524.

Hennington EA. 2005. Reception as an interdisciplinary practice in a university extension program. Cad. Saúde Pública [Internet]. Feb; 21 (1): 256-265.

Silva ACA, Silva JF, Santos LRO, Avelino FVSD, Santos AMR, Pereira AFM. 2016. Hospital patient safety: Integrative literature review. [Internet]. Cogitare Enferm. 21 (esp): 1-9.

Soares CB, Hoga LAK, Peduzzi M, Sangaleti C, Yonekura T, Silva DRAD. 2014. Integrative review: concepts and methods used in nursing. Rev. esc. nursing. USP [Internet]. Apr; 48 (2): 335-345

Souza ECF de, Vilar RLA de, Rocha NSPD, Uchoa Alice da Costa, Rocha Paulo de Medeiros. 2008. Access and reception in primary care: an analysis of the perception of users and health professionals. Cad. Saúde Pública [Internet]. 24 (Suppl 1): s100-s110.

Oliveira GN, Vancini CCR, Okuno MFP, Batista REA. 2013. Nursing care based on risk assessment and classification: agreement between nurses and the institutional protocol. Rev Latino Am Enfermagem [Internet]. 21 (2).

Silva PL, Paiva L, Faria VB, Ohl RIB, Chavaglia SRR. 2016. Reception with risk classification of the Adult Emergency Service: user satisfaction. Rev. esc. nursing. USP [Internet]. 50 (3): 427-433.

Samya RSD, Igor AS, Luzivânia LS. 2018. Risc classification at urgency and emergency services: integrative literature review. Rev Enferm UFPI; 7 (1): 57-62.