The relevance of territorialization as differential in medical education and primary health care

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ABSTRACT

Health Education Themes: territorialization provides an immersion experience for medical students in the reality of collective health, allowing a shift of vision on medical education and performance. Moreover, it is a tool for health planning, through the acquaintance of the territory, the community and providing services in Primary Health Care. **Aim:** to reflect on the territorialization process as an essential strategy for health action in the context of primary care and for medical education. **Methods:** It's about experience report. a previous study, territorialization was carried out in a community in the western region of Rio Grande do Sul, with further discussion of the lessons learned, planning and practice of health action in the community. **Results:** it was possible to acknowledge the residents and their living conditions and their main health needs and create a sense of responsibility in the students regarding the need for the doctor's active participation in the community. **Conclusion:** the importance of territorialization in the provision of quality services to the community is verified, which are adapted to local needs; in the creation and maintenance of bonds between health professionals and users; and its impact on the humanization of medicine, on a critical and reflective medical education and the strengthening of the teaching-service-community relationship.

Palavras-chave: Health planning, Medical education, Medicine, Public health.

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INTRODUCTION

Brazilian Unified Health System - *Sistema Único de Saúde (SUS)* -, according to 1988's[1] Constitution of the Federative Republic of Brazil, is a public health system present around national territory that seeks to assure universal access to the entire population. Present as principles[2]: universalization, which corresponds to State's duty to assure health to everyone, without discrimination; equity, which aims reducing inequalities; and integrity, which pursues through integration with many services and sectors, assist every individual's necessities.

The Ministry of Health advocates for SUS's[2] organizational principles, among them: regionalization and hierarchization, that pursue to organize the services in ascending order of complexity and counting on an articulated form; decentralization and single command that aims to redistribute power and responsibility between three levels - Federal, State, and Municipal governments - and provide autonomy to each one of them; and popular participation, that would be an encouragement to people to get involved with health issues.

In that context, Primary Health Care - *Atenção Primária à Saúde (APS)* - deserves emphasis for representing the first level of contact with the Public Health System, being the base that promotes organization and rationalization of resources and services. Among its functions, there's a health promotion that includes prevention and control of chronic diseases, treatment, and recovery of patients with complications, besides palliative care. It must operate as a system gateway with actions of promoting, maintenance, and health improvement. This stage articulates with other levels of complexity composing a service network[3].

APS is translated in Family Health Strategy – *Estratégia Saúde da Família (ESF)* – as universal and continual access to health services, inside a determined territory. ESF attempts to bond individual care practice to populational approach from the perspective of health vigilance, integrating epidemiologic and sanitary vigilance, territorialization/sections districts, clinic attention, and intersectoral politics, programmed actions and reorganization of assisting the spontaneous demand sheltering centered on the user, consolidating SUS's guidelines and principles such as universality, integrality, and equity[4].

ESF team carries out actions towards promotion, protection, and health recovery according to population needs, which is established through the link between users and professionals in contact with the territory[5]. Allowing, as well, encouragement towards popular participation. Hence, this strategy represents a shift on the Brazilian traditional sanitary model regarding medical and personal treatment, for a model of collective health attached to the community[6], that suggests considering the individual in every aspect, economic, social-psychological, and related directly to physical health.

Through a wider-range analysis of the health-disease process, the social issue reveals vital importance because it is an inherent part of individuals' lives. In this sphere, the territory represents a spatial delimitation of a profile that includes a historic, social, cultural, demographic, administrative, technologic, political, and epidemiologic, which characterizes a territory on permanent construction[7]. It is necessary to know and comprehend these aspects and the main health problems in the community. So, the social and health interventions prioritize people that are in a vulnerable situation and higher risks[8].

Territorialization emerges as an important tool that allows an epidemiologic analysis of ESF territory and its population, that is, regarding the space of the live and dynamic environment. One of the fundamental guidelines from ESF is the bond between inhabitants and the local unit, from establishing a territorial base[9], providing knowledge about the zone and the residents. Knowing the citizen's demands, allows professionals to elaborate on Health Intervention Politics, either preventive or healing, that meets the local needs the most[10]. Consequently, benefiting the implementation of hierarchy, regionalization and popular participation; and contributing to equity and integrality. That way, the territorialization acts on the health planning, collaborating to implement SUS's principles.

In medical learning, immersion in APS promotes learning focused on the practice and creation of a link between academics and communities. The territorialization adds to the learning by enabling students a direct experience of getting familiarized with the environment, community, its fragilities, and potentials. Through this process, medicine students acquire human knowledge about the locals' reality, among the technical knowledge gained at university, becomes helpful to expand their vision about medicine and seek a humanized formation. Furthermore, the insertion of students on the ESFs provides a tightening link between university, SUS, and community.

According to Justo[11], the planning on Health Education retreating from biomedical models and adjusting to the reorientation of the health system, the knowledge about the process of territorialization becomes a necessary tool to a transition between such models of functional mode, mainly in the APS context. The academic formation of health professionals inserted in this environment turns out critical and liberatory, extrapolating technical-scientific domains and embracing all structure aspects of relationships and practices on components of interest and social relevance[12]. Consequently, it emphasizes the role of territorialization on the insertion of medicine students on SUS and on the community as a form of tightening relationships, expanding knowledge and providing enriching experiences to medical qualification.

For this reason, this article has as goal reflecting upon the process of territorialization as an essential tool of Health Planning; to a comprehension of the community demands; on the specific service offering to assist the inhabitants' needs; on the creation, maintenance, and tightening links between Health Services and users of this area, on reinforcement of service-learning-community relationship, between other positive factors derived from the process. As it aims to address humanized medical formation anchored on medical academics' experience on ESF, it can also be enriched by the experiences provided by territorialization.

MATERIAL AND METHODS

This article addresses a report on the experience of academics from the third semester of medical school at the Federal University of Pampa (UNIPAMPA), which occurred between August and December of 2019. The students took part in the planning and accomplishment of a territorialization process proposed by the

curriculum discipline of Collective Health II on an area not mapped yet by ESF, being a community located on the surroundings of an ancient liquid dumping ground of the western regions of Rio Grande do Sul, expanding the link between university, represented by academics and professor; SUS, through health professionals from ESF; and the community through the participation of its inhabitants.

For this purpose, two groups of undergraduate students in medicine were prepared with concepts and previous knowledge surrounding the process regarding its functions and importance. The students in charge were welcomed by the Community Health Agent – *Agente Comunitária de Saúde (ACS)* – and the nurse from ESF, that explained which region would be the target of the activity and which conditions the residents were under. Also highlighted the essential role of ACS's that operates on the community organization, on the health problem's prevention or aggravation, promoting the integration of the healthcare team with the population, among other functions. Thus, they occupy a fundamental position on the National Politic of Primary Health Care – *Política Nacional de Atenção Básica (PNAB)* –, for identifying the main problems that affect the community health[13].

Throughout the semester, many visits were made to the local to map a micro area covered by ESF, through participant observations from the students and household visits accompanied by ACS and other professionals from ESF. The territorialization was planned to recognize the territory and the community living conditions, being guided through a script of questions that contained basic guidelines, between them: questions surrounding who the inhabitants were; how they lived; which difficulties they were under; what is their relationship with health issues; which health problems were common where they lived; and which are the favorable aspects of the region.

During the visits, the information obtained was transferred to the Excel software for organization and data recording. Through Google Earth Pro Software the territory of the target community was located channeling satellite view. Afterward, the territory map was elaborated with the main information collected during the process of territorialization. The developed map was presented on its printed version and made accessible on its digital version to the ESF team, which belongs to the reported area. This new gadget the ESF team was equipped with supplies scanned information of the community micro area that allows tracing strategies and plans of action to solve specific needs from the local inhabitants.

During the process of territorialization, at the end of each visiting day, students gathered with the professor in charge and discussed vulnerabilities and potentialities found. They highlighted the main

fragilities that need to be addressed with caution and how to use the community qualities to improve the inhabitants' living conditions. Through this analysis, it was possible to plan health actions, in which the objectives were to decrease inequalities and attend to populations' needs using the positive aspects found to improve the community's life, not only on health aspects, but considering the human being on a holistic approach, that means beyond the health-illness according to Rabelo's proposal[14].

RESULTS AND DISCUSSION

Intending to reach effective changes in the health field, coming from a biomedical model to a biopsychosocial one, the proximity between university to Health Care Services, with the introduction of medical students on the APSs to collectively acknowledge the reality and the health care practice, holds the potential to construct new pacts of fellowship and co-existing, implementing the universalization of the service, democratic management, and Integral Health Practices[15]. In order to actualize this proximity, the new National Curricular Guidelines – *Diretrizes Curriculares Nacionais (DCNs)*[16] – for the medical graduation course in 2001, guided by SUS principles, and later complemented by DCNs from 2014, recommends the following profile of graduate student/professional:

> Doctor with general training, humanistic, crítical and reflexive education. Able to perform anchored in ethical principles during the process of health-illness on its different levels of attention with actions of promotion, prevention, recovery, and rehabilitation to health on the perspective of the integrality of support with a sense of social responsibility and compromises with citizenship as a human integral health promoter (Autor, year, p.10-11) (our translation)

In order to achieve the medical education specified by DCNs, learning strategies that allow the student to experience the APS in many aspects are required, such as direct contact with users of SUS, with teams of Family Health and environments where this practice is developed[17]. Essential values to citizenship education must be developed with students, teachers, services, and communities allowing a comprehensive overview of the health-illness process and the caution based on physical, biological, psychological, socioeconomic, environmental, cultural, and political determinants[18].

Collective Health Care education functions as a means to achieve this qualification, being the process of territorialization included in the Curriculum Discipline of Collective Health II's proposal, which, through social epidemiology, allied to social sciences in health care, aims to prioritize the studies of social determination and inequity in health care[19]. This academic discipline has as general goal comprehending the organization and the process of Primary Health Care work and recognizing biological, psychological, social, and environmental aspects related to personal, familiar, and community health care in each specific territory context. Regarding the specific goals, the emphasis is on accomplishing territorialization and construction of a live map identifying potentialities, risks, and vulnerabilities present in the area; establishing a link between families and community; demonstrating empathy and willingness to hear, improving communicative abilities and for the teamwork through the mediation of collaboration and respect to diversity; and comprehending the importance to acknowledging the community in order to provide quality specific services.

Taking into account the importance of ACSs on the creation of effective communication between health care professionals and the community, while establishing the epidemiologic profile of the area and health maintenance of the local population, it's worth noting that, by a Federal Government measure, the amount of ACSs on the municipality was drastically reduced, which made it harder to follow the works of territorialization of the micro areas, among many other attributions impaired. On the ESF agenda, there was only one ACS, which served as a facilitator of the students' insertion into the community and the creation of a bond between health care professionals and local inhabitants. In these conditions, the participation of the academics from medical courses was decisive in territorialization. The capacity of offering subsidy for the work planning of the ESF on the determinants and constraints of the process health-illness[20] allows attending the community needs in an objective and complete way. Notably, a substantial relationship with the community fortifies the confidence of health care professionals in general and mainly in the Public Health Care[11].

The analysis of information acquired through the mediation of territorialization allows knowing

the demographic characteristics; social economics; housing/living and basic sanitation conditions; the characterization of cultural and religious aspects of the community; the level of organization of communitarian groups; the population's epidemiologic profile with the main diseases and deaths; conditions of the pre-existing healthcare services; and environmental conditions, such as paving of the streets, access routes/roads, means of transportation, recreational areas, among others[9].

Whereupon, through the map construction it was possible to acquire an overview of the socio-economic, sanitary, and health care of the local scenario. Constituted by numbered houses, the procedure was accomplished during territorialization due to the lack of numbering on the local houses before the intervention, and each one of them the main information regarding that family unit. That way, the map becomes a support resource to qualification and information management on Primary Health Care, since it allows monitoring and evaluating using data on health care indicators and informations[21]. Besides that, the mapping may be used as a didactic instrument and debate generator with the inhabitants about their social-economic, and territorial conditions. In that perspective, it must be produced valuing aspects like environmental and social determinants and constraints, among the influences exercised on the development of population health complications[22]. During the process of territorialization addressed in this article, the researcher sought to consider all of the aspects above.

Starting from the micro analysis obtained through territorialization, the ESF, along a mobile health care unit of the municipality, medical and veterinary undergraduate students, and the teachers in charge executed an action towards health in the community on a Saturday morning. During this period, children played with some undergraduate medical students; to women, it was offered the cytopathological examination and clinical breast examination; the entire community had access to quick examinations to sexually transmitted infections, such as Human immunodeficiency virus (HIV), syphilis, hepatitis B and hepatitis C, vaccines, nurse and medical appointments. Personal hygiene items and toys obtained by donation were distributed, as well as male and female preservatives and health care informative brochures provided by the ESF. All the offered services were accompanied by the medical undergraduates through a rotation system, so that each student could experience different situations. The veterinarian undergraduates instructed the local population regarding animal care and health prevention surrounding zoonosis, since the territorialization brought to the attention of the many animals on the territory.

At the end of the activities from the curriculum discipline of Collective Health II, it was suggested a meeting between medical academics and the teacher to discuss the experiences and the learning acquired. The student highlighted the receptiveness of the ESF team and the willingness to help and teach. They pointed out how the medicine view can be transformed once aligned with collective health practice and the community's needs according to their specificities. The class realized that technical-scientific knowledge, on its own, is not enough, it's also necessary humanitarian attitudes, effective communication, respect, and teamwork.

During the visits, it was possible to notice how the respect towards diversity, the vocabulary, accessible language, and the interest to all the aspects of the locals are essential and operates as a differential approach and creation and maintenance of a bond with the Health Care System users, that means, facing this insertion on the territory becomes possible reinforcing the relation between education-service-community. It's with care and deconstructing prejudices a way to implement universal access to health. Also, recognizing Brazilian people's heterogeneity, and counting on the research of coherent interventions to face such national diverse wealth will assure the pursuit of equity[12].

Within the difficulties, the emphasis was the need for a bigger number and frequent capacitation of ACSs, which the function in populational health allows offering frequent health services and is decisive to local demands. Moreover, these experiences provide the consolidation of theoretical knowledge discussed in class[12], demonstrate that the doctor needs to be an active agent on community development, which they assist and allow a broad understanding of the role of these professionals in the pursuit of preventing health complications and promotion of health[23].

CONCLUSIONS

Territorialization is an important strategy for the execution of SUS's functions contributing to health planning, which makes it an essential

basic premise to ESF's performance. Primary to recognizing the epidemiologic profile of a place and its demographic, socioeconomic, infrastructure, and recreational characteristics. Also, regarding illnesses and complications predominating in the area and the offer of services that address community-specific necessities, allowing the construction of a bond between healthcare professionals among the users with a broadened comprehension of the health-illness process.

The experience brought through the process amplifies the impact of the medical academics on the execution of APS, providing a further development on the community lifestyle; on the bond created with the users of the Public Health System; on teamwork with a health professional from different areas on ESF, such as nurses, nursing technicians, doctors, and odontologists; and on the perception of the importance of a multi-professional interdisciplinary care. This immersion in public health, through processes like territorialization and curriculum components like Collective Health, expands the medical technical-scientific knowledge to a humanized knowledge, that considers the users in every aspect and works for them to involve and being active on their health and in the community health as well.

The experiences on the territory stress out the living conditions of the local population, their vulnerabilities and their dependence on the Public Health Services. Underlining the community's potentials and how to hear its needs and ideas can be decisive on adapting the offer of effective and quality services that reinforce the popular role in health, tightening the bond between university, community, and public health.

Hence, the experience provided by territorialization favors the comprehension and the implementation of SUS's principles, such as regionalization, hierarchization, popular participation, integrality, and equity of public health. The activity also provides a more reflexive, critical and humanized medical academic qualification; reveals the doctor's responsibility regarding the population's singularities and particularities for the further articulation of these issues on the prevention and health promotion activities; and solidifies the process of integration between service-education-community.

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