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TAILOR-MADE HEALTH: THE ROLE OF HOME VISITS IN MEDICAL EDUCATION

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Heloísa Silva Guerra[1], Érica Valessa Ramos Gomes Pagnoca[2], Ethiarlane Anunciação Carvalho[3], Ana Luisa Azevedo de Castro[4], Beatriz Oliveira Azevedo[5], Mariana Ribeiro Silva[6], Renato Canevari Dutra da Silva[7] and Mariana de Sousa Nunes Vieira[8].

ABSTRACT

Home visits (HV) are the modality of care that takes place at the user's home in order to focus the attention of professionals on understanding the environment and context of patients' lives, and is also considered an effective teaching-learning apparatus for health professionals in training. The objective of this study is to present the experience of using home visits as a collaborative tool in medical education. It is based on an experience report of the activities developed in home visits in the discipline of Collective Health of a public university in the state of Goiás. From the application of active methodology, students are exposed to real problem situations and are stimulated to discuss and apply interventions in

[1] Dr. in Public Health
University of Rio Verde – Goiânia Campus
E-mail: heloisasguerra@gmail.com
ORCID: https://orcid.org/0000-0002- 0617-8112
[2] Medical Student
University of Rio Verde – Goiânia Campus
E-mail: evallessa@hotmail.com
ORCID: https://orcid.org/0000-0001-9906-4642
[3] Medical Student
University of Rio Verde – Goiânia Campus
Email: ethiarlane@outlook.com
ORCID: https://orcid.org/0009-0004-1933-0533
[4] Medical Student
University of Rio Verde – Goiânia Campus
E-mail: analuisaazevedodecastro@gmail.com
ORCID: https://orcid.org/0000-0002-9366-2796
[5] Medical Student
University of Rio Verde – Goiânia Campus
Email: biaazevedo86@gmail.com
ORCID: https://orcid.org/0009-0000-1911-425X
[6] Master's student in Health Education
University of Rio Verde – Goiânia Campus
E-mail: mariana.fisio.ribeiro@gmail.com
ORCID: https://orcid.org/0009-0000-0415-4216
[7] Dr. in Public Health
University of Rio Verde – Rio Verde Campus
Email: renatocanevari@unirv.edu.br
ORCID: https://orcid.org/0000-0002-6428-2823
[8] Dr. in Health Sciences
University of Rio Verde – Goiânia Campus
Email: mariananunes@unirv.edu.br
ORCID: https://orcid.org/0000-0002- 4832-6494

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education and health promotion in the community. HV is an important tool for a broader view of the individual as a whole and the context in which he or she is inserted, enabling students to get closer to knowledge about social determinants and the health network, in addition to contributing to an interdisciplinary education, understanding the role of several professionals in the team. It is concluded that this action is of paramount importance in the training of physicians committed to the comprehensive care of the patient and the community.

Keywords: Medical Education. Health Education. Primary Health Care.

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INTRODUCTION

The home visit (HV) is an important instrument of home visitation, and is characterized by a set of health actions aimed at educational and/or care care, serving as an investigative professional practice carried out by professionals with the user in their own social or family environment (Garcia; Teixeira, 2009). Care Offer

In Brazil, Home Care (HC) is a health care modality that is part of the Health Care Network (RAS), which, as in the world, has progressively expanded, standing out as an important response of the Unified Health System (SUS) (Brasil, 2020). HV is a tool used in HC and has been part of the teams' daily routine, especially in the context of Primary Health Care (PHC).

In 1994, the Family Health Program (FHP) emerged in Brazil, later renamed the Family Health Strategy (FHS), whose objective was to reorganize PHC through actions of health promotion, disease prevention, recovery, rehabilitation, and maintenance of the health of people and communities (Brasil, 2017). In this sense, the FHS innovated by presenting a differentiated work model, mixing the work of its professionals in the basic health unit (UBS), with interventions at home and in the territory under its responsibility.

HV is one of the attributions of the FHS and can be performed in a scheduled or spontaneous way, depending on epidemiological criteria and users' needs. The medical professional is one of the main actors who can benefit from this tool, using HV for consultations and/or various orientations to patients under their care. The professional who performs HV has the opportunity to understand the context of people's lives, experience their daily lives, putting themselves in a privileged position to adapt and coordinate care according to the real possibilities of people, their families and caregivers (Brasil, 2020).

The health scenario is constantly evolving and medical training has undergone transformations to meet the demands of the market and the health needs of the population. The National Curriculum Guidelines (DCN) for the Undergraduate Medicine Course, instituted in 2014 by the National Council of Education, restructured and adapted the curriculum of medical schools in Brazil, recommending the use of Active Learning Methodologies (MAA) as the main strategy in the teaching process of future professionals (Brasil, 2014).

These methodologies allow the student to develop a proactive posture and a better critical capacity in the face of various situations (Almeida et al. 2007). Some examples are seminars, round tables, portfolios, flipped classroom, case studies, Maguerez's Arch and

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problem-based learning, which place the student at the center of the construction of their own knowledge and comprehensive memorization replaces repetitive memorization, with consequent lasting and meaningful learning (Alegranci; Segato; Prevedello, 2017; Ribeiro et al., 2025).

The physician is a fundamental part of PHC, and some of his attributions are: to offer health care to registered users and, therefore, under his responsibility; carry out clinical consultations, procedures and group activities; carry out health actions according to the demand of the community; refer users to different levels of care, respecting referral and counter-referral and ensuring the follow-up of the therapeutic plan; contribute to the continuing education of the other professionals in the team; and also participate in the management of necessary inputs (Brasil, 2017).

However, in order to achieve training capable of performing these attributions, it is necessary to break with the teaching model based on the biologicist, medicalizing, procedure-centered approach that perpetuates the traditional health model; and guide the training of new professionals committed to the principles of the SUS and who practice comprehensive health care (Barbosa et al., 2019).

In the context of medical education, HV is considered a relevant factor in strengthening the articulation between the community, health services and the university, thus enabling the transfer of information about the population by different observers and the interventions in health promotion that can be carried out by students in partnership with the Family Health Team. In addition, teaching-service integration has a positive impact on the robustness of the doctor-patient relationship to be developed by students during their training years (Saraiva et al., 2023),

Participating in the HV allows students to gain first-hand experience and understand the health needs and dynamics within the various family environments, in addition to contributing to the development of essential skills in these students, such as empathy, communication, and the ability to assess the social determinants of health (Borges et al., 2017).

Thus, the objective of this study was to present the experience of using home visits as a collaborative tool in medical education.

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DESCRIPTION OF THE EXPERIENCE

This is a descriptive study, of the experience report type, about the activities developed by medical students of a municipal public institution in Goiás, within the scope of the discipline of Integrated Medicine to Community Health (MISCO), from the first semester of graduation.

Since 2014, when the medical course began at the institution, the MISCO discipline has developed activities based on active teaching-learning methodologies, allowing students to experience real contexts of action in collective health. The practice scenarios were the basic health units in the municipalities of Aparecida de Goiânia and Goiânia, as well as the homes of SUS users registered and linked to these UBS.

This discipline has a workload of 72 semester hours and is a mandatory component for undergraduates from the first to the sixth period of the Medicine course. She works with Collective Health content with an emphasis on SUS and ESF. In the first semester, the students discuss topics such as organic health laws, health promotion, disease prevention, humanization of care, National Primary Care Policy and home visits as a method for enhancing care and compliance with comprehensive care.

During the modules of the discipline, students participate in theoretical classes at the college and practical classes developed at the UBS. In this sense, they are inserted in FHS teams to accompany the professionals during their work processes, especially during home visits. The Community Health Agent (CHA) is the fundamental figure of this activity, advising and guiding students during HV.

Each visit is conducted by an ACS accompanied by two or three academics, who follow the schedule of each professional and the objectives of the team to which they belong. Three instruments are used for data collection: the individual registration form, standardized by the Ministry of Health; the form with data from the UBS and the teams; and the neighborhood observation itinerary, to understand the territory and its needs. These last two, elaborated by the professors of the discipline, based on the technique of participatory rapid estimation (TERP).

Based on the information collected, the students complement the activities using the Arco de Maguerez, a methodology organized in five stages and supported by problem solving, treated in large groups and focused on "know-how". They start from the observation of the needs of the real to arrive at the creation of the solution of the problem in that reality, considering the previous experience of each one (Berbel, 1996).

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After the visits, the students return to the UBS and present their perceptions to their colleagues and the professor, contextualizing the problems and key points of the visit. In this way, a profile of the visited population is constructed, listing the points that deserve greater attention. On the other hand, the students develop a health education action aimed at the community and that involves the UBS and its ESF teams, seeking to intervene at the point considered a priority at that moment.

The experience provides the analysis of how families live in the territory, enabling the student to have a holistic view of the human being, the observation of critical points of the problems to which these families are exposed and the real risks of threat to the health-disease binomial. In addition, it allows the articulation between theory and practice, reinforcing its social commitment and defense of citizenship, as proposed in the medical training curriculum (Brasil, 2014).

DISCUSSION

The longitudinality of care, one of the principles of Primary Care (PHC), is a fundamental aspect for the quality of patient health care. Maintaining a continuous relationship between user, physician and team enables personalized care, according to needs, prevention and early recognition of health problems (Limón; Riera, 2023). For its effectiveness, it is essential to use HV, which will complement the care provided in health units.

Even though it exists in other services, most HC in the SUS occurs in Primary Health Care. This level of care facilitates access to families and communities, ensuring longitudinal and comprehensive care for patients in the territory; although there are still obstacles to its operationalization (Brasil, 2020).

The systematic practice of home visits has numerous benefits because, as a form of work of the FHS, it promotes care in the place where the individual and the family are inserted. In this sense, it is essential that all team members act in articulation, aiming at joint work and the integrality of actions (Gaíva; Siqueira, 2011).

HV optimizes care, educational, and preventive care, exploring soft technologies and enabling greater resolution of patients' needs by health professionals, since they understand the individual's living conditions and their family and social context. It is considered a tool that promotes care in primary health care, and this explains its indispensable practice in the training of professionals (Marin, 2011; Gaíva; Siqueira, 2011).

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Regarding medical protagonism in HV, the interaction between physician, user and family members allows planning actions evaluating the real health conditions of the family and proposing conducts from a broader perspective, beyond the individual biological perspective, in a longitudinal perspective of care, and establishing care as a shared responsibility. Attention is focused on the social determinants of health, in accordance with the principles of the reorientation of health education towards the SUS (Borges; Oliveira, 2011; Fassarella et al., 2020).

One of the main challenges encountered in the implementation of HV as an instrument of health care concerns the training of professionals in accordance with this modality of care. The SUS has guidelines with this perspective, seeking to broaden the view of health professionals and modify the hegemonic care model, which is based on the hospital-centric view of care (Marin et al., 2011).

The DCN of the undergraduate course in Medicine has the purpose of guiding the organization of medical curricula in higher education institutions (HEIs) throughout the country. They provide for the training of a generalist, humanistic and ethical physician, capable of working at different levels of care, in addition to the areas of education and management (Brasil, 2014). Among other demands, the document arose from the need to bring doctors closer to PHC, stimulating the training of professionals to work in the SUS and meet the social and health needs of the population (Ferreira et al., 2023).

The ultimate goal of curricular adaptations is to provide equity in teaching, thinking not only about the physical aspect of inclusion, but also in the sense of ensuring access and quality educational opportunities for all students, respecting their individual characteristics and promoting their complete development (Verner et al., 2025).

According to Mano (2009), if the intention is to work on medical education focused on comprehensive care, HV can provide the student with an understanding of the space of the individual and the family, as well as different versions of life stories.

HV is an opportunity to understand the true context of the person's life, placing the professional in a privileged position, unveiling various situations in that environment (Brasil, 2020). On the other hand, it is necessary to deal with some difficulties inherent to this practice, such as incorrect registrations, changes of address, refusals, and other adverse situations. Another critical point concerns the student's expectations, concerns and feelings regarding the activity. Many feel powerless in front of their families because they cannot offer much resolution, especially in the first semesters of the course. All these dimensions

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should be foreseen by the professors and worked on, as far as possible, together with the professionals of the FHS team and even colleagues from other disciplines, such as Medical Skills and Communication Skills.

The teaching-service-community integration is a privileged space for changes in pedagogical practices. The approach of students to the services prioritizes practical experience, knowledge of social determinants, contact with the health network, and a broader view of the health-disease process (Marin et al., 2014). In addition, it collaborates with human formation, since it allows the perception of cultural wealth and popular knowledge without prerogatives (Madruga et al., 2015).

Another advantage of this experience of the students with the services is the multiprofessional and interdisciplinary experience, which promotes a reflection on the roles of each professional in the team, their performance, preparation for the future job market, in addition to reducing prejudices and differences (Madruga et al., 2015; Camera; Grosseman; Pinho, 2015).

It is essential that primary care professionals develop the ability to work as a team, participate in the process of territorialization and mapping of the area of operation; to identify the social determinants of the health of the enrolled population, providing care in the context of both the health service and the home. They should also carry out health care actions according to the population profile, aiming at comprehensiveness through health promotion, protection, and recovery actions (Barbosa et al., 2019).

Adding HV to the medical curriculum is a way to train professionals with a new view of the health-disease process and has proven to be an effective active methodology, enabling students to have a broad and comprehensive view of care, meeting the adequacies required in the training of health professionals by SUS guidelines (Marin et al., 2011). In addition, HV represents an opportunity to develop in medical students the skills described in the course's DCN, such as: health care, decision-making and communication (Brasil, 2014).

From this perspective, HV worked on during medical training impacts the comprehensiveness of care on the part of these future professionals, who perceive the influence of each family, their histories and resources on the disease of the individual and the collective. HV allows the practice of health for whole and complex beings, not just fragmented or defined by their pathologies. More than going in search of those who cannot

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go to the health unit, HV allows sharing the responsibility for care based on a good doctor-patient relationship (Assis et al., 2021).

Most of the reports at the end of the semesters highlight positive aspects of the experience for the student's professional and human development. It is common to find narratives of change in the way we look at social problems, broaden the understanding of the aspects that influence health, and the deep feeling of empathy and solidarity, awakened from the knowledge of the context of the individual and his family. As negative aspects, the students reported anxiety about the visit and fear of not meeting expectations. However, this does not invalidate the richness of the opportunity to get to know the other in his particularity.

CONCLUSION

The participation of the students in the HV carried out in the MISCO discipline has been an important way to put them in contact with the life context of SUS users, allowing them to understand the determinants of the community's health-disease process, from socioeconomic, environmental, physical and emotional conditions, in addition to developing bonds and responsibilities with patients, since the experience of real scenarios impacts both learning and effective and comprehensive care that will develop in the exercise of their future profession.

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